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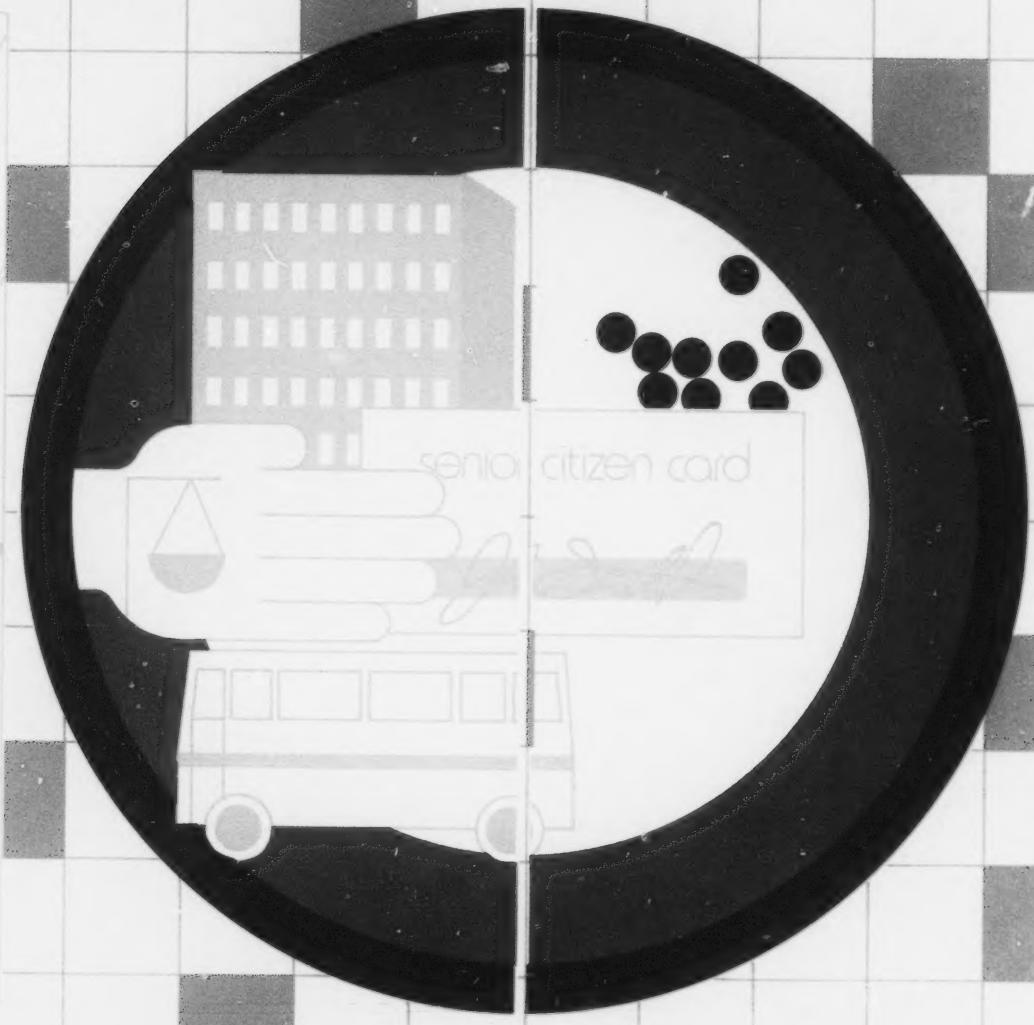
Minority Elderly Services

NEW PROGRAMS, OLD PROBLEMS

Part I



A Report of the United States Commission on Civil Rights

June 1982

CR 1.2:

U.S. COMMISSION ON CIVIL RIGHTS

The U.S. Commission on Civil Rights is a temporary independent, bipartisan agency established by Congress in 1957 and directed to:

- Investigate complaints alleging that citizens are being deprived of their right to vote by reason of their race, color, religion, sex, age, handicap, or national origin, or by reason of fraudulent practices;
- Study and collect information concerning legal developments constituting discrimination or a denial of equal protection of the laws under the Constitution because of race, color, religion, sex, age, handicap, or national origin, or in the administration of justice;
- Appraise Federal laws and policies with respect to discrimination or denial of equal protection of the laws because of race, color, religion, sex, age, handicap, or national origin, or in the administration of justice;
- Serve as a national clearinghouse for information in respect to discrimination or denial of equal protection of the laws because of race, color, religion, sex, age, handicap, or national origin;
- Submit reports, findings, and recommendations to the President and the Congress.

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* This report was approved by former Commission Chairman Arthur S. Flemming, former Vice Chairman Mary F. Berry, former Commissioner Stephen Horn, and Commissioners Blandina Cardenas Ramirez, Jill S. Ruckelshaus, and Murray Saltzman.

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The report was prepared under the overall supervision of Caroline Davis Gleiter, Assistant Staff Director, Office of Program and Policy Review.

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Chapter 1

Introduction

In October 1978 Congress amended the Older Americans Act (OAA) of 1965.[1] Title III of the 1978 amendments mandated that the U.S. Commission on Civil Rights:

> (1) undertake a comprehensive study of discrimination based on race or ethnic background in any federally-assisted programs and activities which affect older individuals; and (2) identify with particularity any such federally-assisted program or activity in which evidence is found of individuals or organizations who are otherwise qualified being, on the basis of race or ethnic background, excluded from participation in, denied the benefits of, refused employment or contracts with, or subject to discrimination under, such program or activity.[2]

The mandate for the Commission's study of racial and ethnic discrimination in federally assisted programs for older persons, in part, emanated from a Commission finding in its earlier age discrimination study which indicated that older members of minority groups were often victims of age as well as racial or ethnic discrimination.[3] The testimony present-

[1] Comprehensive Older Americans Act Amendments of 1978, Pub. L. No. 95–478, 92 Stat. 1513 (codified at 42 U.S.C. §§3001–3057g (Supp. III 1979). The Older Americans Act provides funding for federally assisted social service entitlement programs designed specifically for older persons. See chap. 2 for additional discussion of the act and its provisions.

[2] 42 U.S.C. §1975c Note (Supp. III 1979).

[3] U.S., Commission on Civil Rights, *The Age Discrimination Study* (December 1977), p. 24. The Commission conducted the age discrimination study also as a result of a mandate from the Congress. The Age Discrimination Act of 1975 included a provision which mandated that the Commission investigate instances of age discrimination in the delivery of services supported by Federal funds, identify examples of age discrimination in such programs, and provide recommendations for the development of regulations for the Age Discrimination Act of 1975. Pub. L. No. 94–135, 89 Stat. 713, 731 (codified at 42 U.S.C. §6106 (1976).

The 1975 Age Discrimination Act, part of the 1975 amendments to the Older Americans Act (OAA), made unreasonable discrimination on the basis of age in the delivery of services supported in whole or in part by the Federal Government unlawful. Pub. L. No. 94–135, 89 Stat., 713, 728 (codified at 42 U.S.C. §§6101–03 (1976)). At that time the Commission did not have jurisdiction to investigate discrimination on the basis of age.

The Civil Rights Commission Act of 1978 expanded the authority of the U.S. Commission on Civil

ed at the Commission hearings for its earlier age discrimination study provided illustrations of the multiple difficulties facing older minorities in their attempts to receive benefits from federally assisted social programs.[4] That age discrimination study concluded that:

> Program administrators are not taking sufficient steps to take into account the multiple problems faced by many [minority] older persons and to increase their opportunities for obtaining needed services and benefits.[5]

In partial response to the study more recently mandated by Congress in 1978, the Commission investigated minority participation in OAA programs in six communities across the Nation.[6] The Commission's investigations focused on programs funded by Title III of the OAA. Title III funds are allocated under Title III–B and Title III–C. Title III–B provides funds for social services, while Title III–C provides funds for congregate and home-delivered meals.[7] Through indepth examination of the operations of Title III Older Americans Act programs funded by the Administration on Aging (AoA) in these six communities,[8] the Commission sought to assess: (1) whether and in what capacities minorities are employed under the programs for older persons; (2) whether and to what extent minority firms and organizations are awarded Title III funds under the programs;[9] and (3) whether and to what extent older minorities receive the services provided by these programs.

The six communities were selected to allow for a diverse set of circumstances. Efforts were made to include geographically dissimilar sites, urban and rural locations having substantial representation of American Indians, Asian and Pacific Island Americans, blacks, and Hispanics.[10] Since the minority older population is largely an urban popula-

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Rights to include jurisdiction over age discrimination. The 1978 amendments gave the Commission authority to study, collect, and disseminate information concerning legal developments and unlawful discrimination on the basis of age and appraise the laws and policies of the Federal Government with respect to discrimination on the basis of age. Pub. L. No. 95–444, 92 Stat. 1067 (codified at 42 U.S.C. §1975c(a)(2)–(4) (Supp. III 1979)).

[4] *The Age Discrimination Study,* p. 25.

[5] Ibid., p. 26.

[6] The Commission designed a two-phase study that included case study analyses of selected cities across the Nation and also involved mail surveys of all State units on aging (SUAs) and area agencies on aging (AAAs) and interviews with Federal AoA officials. The study is being published in two parts. Part I includes the six case analyses. Part II will include data analysis from the State units on aging and the area agencies on aging questionnaires and the results obtained from interviews with officials at the Federal level. The survey results will provide an aggregate assessment of minority participation in State units on aging and area agencies on aging programs and thus will supplement the case analyses findings. The findings and recommendations for the entire study (Parts I and II) will be published at the end of Part II of the report, so that they may reflect the results of the case analyses and the national data analysis.

[7] 42 U.S.C. §§3030d, 3030f (Supp. III 1979).

[8] Although Title III programs were the Commission's focus, an area agency on aging's budget often includes service programs funded with other Federal monies, and State and local monies. These programs also were examined, where possible.

[9] In this report the term Title III-funded organization is used in lieu of contractor or grantee. See glossary for the definition of the terms "Title III-funded organization," "contractor/grantee," and "subcontractor/subgrantee."

[10] The design for the study also called for

tion, greater emphasis was placed on urban site selection.[11] Both large- and medium-sized cities were selected. In addition, every city chosen had an area agency on aging (AAA) office in that city, whether or not the planning and service area (PSA) served by the AAA covered more than the city proper.[12] Special attention was given to the representation of each of the racial and ethnic groups noted. The six cities chosen were Cleveland, Ohio; Bridgeport, Connecticut; Tucson, Arizona; Tulsa, Oklahoma; San Francisco, California; and Honolulu, Hawaii.

During the field investigation, the Commission sought (1) to identify program characteristics that affect minority participation and (2) to obtain information on staffing patterns of the AAA and its Title III-funded organizations; the AAA's identification of and selection criteria for Title III-funded organizations; the AAA's affirmative action activities and its methods of outreach to minorities; the extent of minority participation in program management, administration, and evaluation; and types of AAA monitoring and compliance activities. Local program administrators, social service providers (AAA funded and non-AAA funded), representatives of community organizations, and AAA advisory council members in each community were interviewed and questioned on their perceptions of efforts to provide better services to the minority community. Program administrators were asked to identify program priorities and the extent to which the concerns of older minorities entered into the determination of these priorities. They were also asked about attempts by the AAA directors and their Title III-funded organizations to identify differential and preferential needs of the minority elderly, and what efforts were being made to facilitate participation by minorities.

Following the introduction, the case analyses are preceded by a chapter providing a historical perspective of the Federal role in providing services to older persons. The Commission's findings in each of the six communities investigated are then presented in chapters three through eight. A general summary of Commission findings is presented in chapter nine. A glossary of selected terms used throughout this report follows the general summary.

Each case analysis chapter has five major sections:

- Demographic Profile
- Employment Practices of the Area Agency on Aging
- Title III Funds Awarded by the Area Agency on Aging
- Minority Participation in Area Agency on Aging-Funded Service Programs

coverage of Euro-ethnic Americans. Once field work began, the Commission discovered that it was often impossible to obtain information on the employment or award of Title III funds to Euro-ethnic Americans. Almost without exception, these data were nonexistent. Also, statistics on participation by Euro-ethnic older persons were not separated from those of persons of other European descent. In most instances neither the area agency on aging nor its service provider had data on Euro-ethnic participation and thus, efforts to include this group in the study had to be abandoned.

[11] U.S., Department of Commerce, Bureau of the Census, *Demographic Aspects of Aging and the Older Population in the U.S.*, series P–23, no. 59, May 1976.

[12] See glossary for the definition of "planning and service area" and "area agency on aging."

● Summary

The first section provides a demographic profile of each city and a historical discussion of the area agency on aging and its administrative structure. The second section discusses minority representation on the AAA staff; the recruitment, hiring, and promotion of minorities at the AAA; and the AAA's affirmative action activities. The third section describes minority representation among Title III-funded organizations and efforts made by the AAA to recruit more minority organizations. This section also discusses the employment of minorities by Title III-funded organizations and compliance activity by the AAA. The fourth section examines minority participation in five major service categories (access, in-home, legal, other social services, and nutrition services),[13] discussing program characteristics that appear to facilitate or impede minority participation in AAA programs. This section concludes with a discussion of the AAA's service planning and program evaluation procedures and their inclusion of minority concerns. The fifth section summarizes the results of the Commission's investigation.

[13] See glossary for explanations of specific Title III service programs covered in the report.

Chapter 2

The History of Older Americans Act Programs

The size of the American population over 60 years of age has risen by 30 percent over the last two decades, so that by 1980 more than 35 million Americans were 60 years and older.[1] The growth in the number of minority persons 60 years and older has been even greater. In the past 20 years, the number of older persons[2] in the American population who are minority[3] has grown 46 percent.[4] In 1960 the minority population 60 years and older numbered 1,256,000, whereas by 1979 estimates indicated that the minority population 60 years and older was 2,327,000.[5]

As the number and proportion of older persons in the population increased, so did demands for service programs to meet their special needs. Responding to the call for a national program of services to improve the condition of life for all older persons, Congress passed the Older Americans Act (OAA) in 1965. The OAA represented one of the first major attempts by the Federal Government to address the social needs of all older persons on a national level.[6] As first enacted, the purpose of the OAA was to finance the development of new or improved programs to assist older persons by: (1) establishing the Administration

[1] U.S., Department of Commerce, Bureau of the Census, *Demographic Aspects of Aging and the Older Population in the U.S.*, series P–23, no. 59, May 1976, table 2.1. The total population 60 years and over in 1960 was 23,828,000. For 1980 there were 35,629,844. U.S., Department of Commerce, Bureau of the Census, *1980 Census of Population, Age, Sex, Race, and Spanish Origin of the Population by Regions, Division and State: 1980*, table 1, p. 3.

[2] In this report, references to older persons or elderly persons refer to persons 60 years of age and older. Statistical data published by the Bureau of the Census often use the age category persons 65 years and older, and this age group also may be mentioned when citing census data on poverty. When any population groups other than those 60 years and older is being referred to, however, this will be specified when the reference is made.

[3] In this report the term minority refers to American Indians/Alaskan Natives, Asian and Pacific Island Americans, blacks, and Hispanics. See glossary.

[4] U.S., Department of Commerce, Bureau of the Census, *Statistical Abstract of the United States: 1980*, table 33, p. 29. The latest year for which population estimates are available for minority older persons is 1979.

[5] Ibid.

[6] Older Americans Act, Pub. L. No. 89–73, 79 Stat. 218, as amended, 42 U.S.C. §§3001–3057g (1976 and Supp. III 1979).

on Aging (AoA) within the Department of Health, Education, and Welfare (HEW) to manage these programs;[7] (2) providing formula grants to States for community planning and services; and (3) providing project grants for public and private nonprofit agencies for research, development, or training.[8]

Over the years, the act has been amended several times, furthering efforts to provide a comprehensive program of social services for older persons. A major revision came in 1972 when the OAA was amended to include a new Title VII, the national nutrition program for the elderly.[9] Through formula grants to the States, this program established nutrition projects under the States' units on aging which then funded private and public agencies for meal preparation and delivery. The purposes of the nutrition projects were to provide older persons with low-cost, nutritionally sound meals in congregate (group) settings and to reduce their social isolation.[10]

A second major statutory change occurred in 1973 when the act was amended to revise the Title III State grant programs. To participate in the new Title III program, each State was required to divide itself into planning and service areas (PSAs) and to designate an area agency on aging (AAA) to administer all local programs within the PSA.[11]

In October 1978 Congress enacted extensive revisions to the OAA. Titles III, V, and VII were consolidated under a new Title III, combining social service, nutrition, and multipurpose senior service programs.[12] Formerly, Title III provided funding for social services, Title V for multipurpose senior centers, and Title VII for nutrition services.[13] Under the revised Title III, grants are made to States to provide nutrition services (both congregate and home-delivered meals), multipurpose senior centers, and a comprehensive array of social services to older persons.

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[7] AoA was first established in HEW in 1965. See Pub. L. No. 89–73, Title II, §201, 79 Stat. 218, 220. In 1967, following an HEW reorganization, AoA was placed under the Social and Rehabilitation Service. The 1973 amendments to the OAA placed AoA in the Office of the Secretary in HEW and required that the administrator of AoA (the Commissioner on Aging) report directly to the Secretary. Pub. L. No. 93–29, Title II, §201(a), 87 Stat. 30. See also Administration on Aging, "AoA, Federal Focal Point for Action for Older Persons," *Aging* (May 1975), pp. 20–25.

[8] Pub. L. No. 89–73, 79 Stat. 218, 220–25.

[9] Title VII required that each nutrition project provide at least one hot (or other appropriate) meal per day that assured a minimum of one-third the daily recommended dietary allowance, 5 or more days a week. Nutrition sites were to develop outreach programs to seek people who might want to participate and, in addition to meals, offer recreational activities, information and referral services, and health and welfare counseling. Pub. L. No. 92–258, 86 Stat. 88. In 1978 Title VII was repealed and nutrition programs were consolidated with other ongoing programs. Pub. L. No. 95–478, Title V, §501, 92 Stat. 1513, 1558.

[10] H. Rep. No. 92–726, 92d Cong., 1st Sess., reprinted in [1972] U.S. Code Cong. & Ad. News 2086, 89–92. Also Pub. L. No. 92–258, §2, 86 Stat. 88, 89.

[11] Older Americans Comprehensive Services Amendments of 1973, Pub. L. No. 93–29, 87 Stat. 30, 38–39 (current version at 42 U.S.C. §3025 (Supp. III 1979)).

[12] Comprehensive Older Americans Act Amendments of 1978, Pub. L. No. 95–478, §103(a)(2), 501 92 Stat. 1513, 1516, 1558. The revised Title III is codified at 42 U.S.C. §§3021–3030 (Supp. III 1979).

[13] See Pub. L. No. 93–29, 87 Stat. 30 (1973) and Pub. L. No. 92–258, 86 Stat. 88. Title III, reorganized and revised in 1978, now funds all of these types of social services. 42 U.S.C. §§3021–308 (Supp. III 1979).

Under Title III–B of the 1978 amendments, the following social services may be provided:

- information and referral services
- transportation services
- outreach services
- housing services, including renovation
- legal services
- health services[14]

States and local agencies on aging are allowed some discretion regarding types of social services provided to an area. Under Title III–C, nutrition services include establishment and operation of nutrition projects that provide at least one hot or other appropriate meal 5 or more days a week, in two areas, congregate and home delivery.[15] These meals are to be provided in a group setting when appropriate. Title III–C nutrition programs also may include nutritional education services. Also, a new Title VI was added to promote social service delivery, including nutritional services, to American Indians.[16]

The primary purpose of Title III, as amended in 1978, is to stimulate and help State and local agencies concentrate resources to develop a comprehensive system of services to older individuals.[17] Every State must have a State unit on aging (SUA), which is responsible for the planning, development, and coordination of services for older persons.[18] Most States also are served by area agencies on aging.[19] (See diagram 2.1.)

To be eligible for Title III grants, State and area agencies must prepare State and area plans stating the goals and objectives of their program, and hold public hearings on these plans.[20] Area plans are submitted to the State, and State plans are submitted to AoA.[21] State plans must be based on area plans and must provide for proper and efficient methods of administration, the State agency's advocacy responsibility, the State agency's evaluation of service needs, and periodic evaluation of each area agency.[22]

Each State receives a share of the total Title III allocation. Three-hundred million dollars were appropriated for fiscal year 1979, $360 million for fiscal year 1980, and $480 million for fiscal year

[14] 42 U.S.C. §3030d (Supp. III 1979).

[15] 42 U.S.C. §§3030e–30f (Supp. III 1979).

[16] Title VI provides for direct grants to American Indian tribal organizations for service programs for older Indians. 42 U.S.C. §§3057–3057g (Supp. III 1979). Title VI was enacted because of congressional dissatisfaction with the States' performance in this area. The 1975 amendments also had made special provisions for services to Indians under Title III by empowering the Commissioner on Aging, on determining that members of Indian tribes were not receiving benefits equivalent to those provided other older persons in the State, to reserve funds for a tribal organization or other organized groups of Indians. Older Americans Amendments of 1975, Pub. L. 94–135, 89 Stat. 713, 714 (repealed 1978; current version at 42 U.S.C. §§3057–3057g (Supp. III 1979)).

[17] 42 U.S.C. §3021 (Supp. III 1979).

[18] *Id.* §3025(a)(1).

[19] *Id.* §3025(a)(2). The Administration on Aging (AoA) serves as the focal point of management for Federal program activity under the OAA. In FY 80 AoA had 10 regional offices and 57 State units on aging (including the District of Columbia, Puerto Rico, Guam, Samoa, the Pacific Island Trust Territory, and the Northern Mariana Islands; there were 654 area agencies on aging at the local level. Area agencies on aging, in turn, generally fund private, nonprofit organizations for actual service delivery.

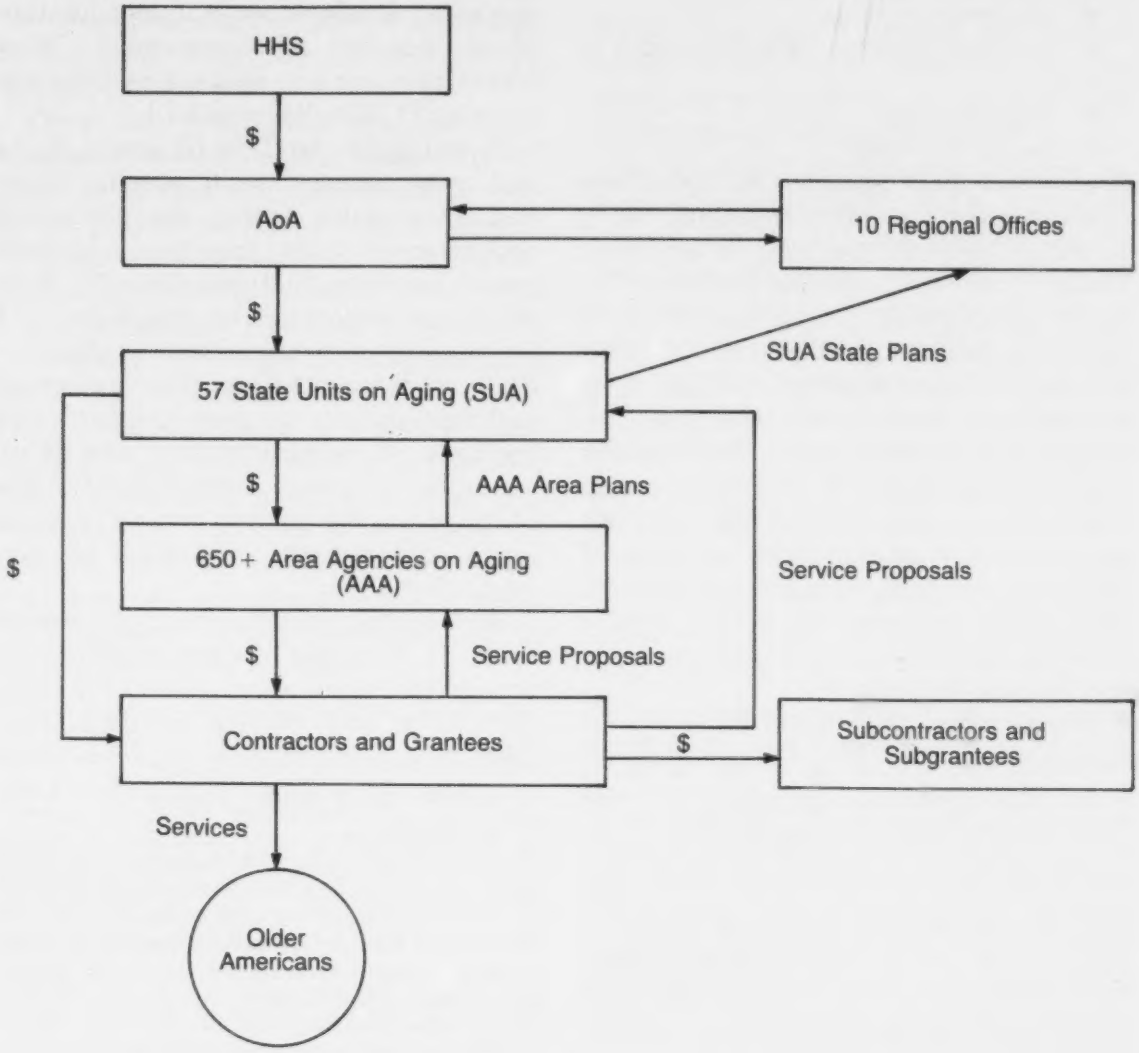
[20] 45 C.F.R. §1321.25–29, 1321.77–81 (1980); see also 42 U.S.C. §§3026–27 (Supp. III 1979).

[21] 45 C.F.R. §§1321.31, 1321.81 (1980); see also 42 U.S.C. §3026(a), 3027(a) (Supp. III 1979).

[22] *Id.* §1321.25.

Diagram 2.1

Schematic Diagram of Provision of Services to Older Persons Under the Older Americans Act



1981, for awards under Title III–B, social services.[23] Under Title III–C, congregate nutritional services, $350 million were appropriated for fiscal year 1979, $375 million for fiscal year 1980, and $400 million for fiscal year 1981.[24] Additionally, $80 million for fiscal year 1979, $100 million for fiscal year 1980, and $120 million for fiscal year 1981 were appropriated for awards for home-delivered nutrition services.[25] From the appropriated sums under parts B and C, each State is allocated an "amount which bears the same ratio to such sums as the population aged 60 or older" in such State bears to the population aged 60 or older in all States.[26] According to the act, no State shall receive less than one-half of 1 percent of the sum appropriated for each fiscal year.[27]

The passage of the 1978 amendments was preceded by a considerable amount of public testimony on the effect of OAA programs on older persons. Among this testimony were complaints on the programs' inadequate service to older minorities.[28] According to a representative of a Hispanic organization for older persons, his community had "been ignored by the Federal aging network and ha[d] not been included in the activities and services provided under the act."[29]

Persons testifying before the Congress alleged that OAA programs followed policies and practices that effectively denied minorities the full benefit of the programs.[30] Dr. Aaron Henry, testifying on the provision of services to older black persons, noted:

> There is. . .repeated reference in the Act and its regulations to the notion that those elderly who are either members of minority groups or who are at or near the poverty level, or both, should be given priority; and, for the most part, the language of the law, together with the language of the regulations promulgated pursuant to it, provide quite adequately for the needs of the black elderly. The actual implementation of that law and its regulations, however, when applied to the specific programs set forth under the Older Americans Act, leaves much to be desired.[31]

He concluded that the OAA had not had much effect on the problems of the black elderly.

Other organizational representatives and individuals spoke further of the special needs of some older limited-En-

[23] 42 U.S.C. §3023(a) (Supp. III 1979).

[24] *Id.* §3023(b)(1).

[25] *Id.* §3023(b)(2).

[26] 42 U.S.C. §3024(a)(1) (Supp. III 1979). There are no eligibility criteria for most programs funded under Title III. The ages 60 and 65 have been used as factors in the statutory formula for AoA allocation of funds to the States, not as determinants of eligibility *per se*, however, but merely as benchmarks. Regulations for the nutrition program state that a person 60 years of age or older and a spouse, regardless of age, are eligible to participate in the nutrition program. 45 C.F.R. §1321.141(b) (1980).

[27] 42 U.S.C. §3024(a)(1)(A) (Supp. III 1979).

[28] *Proposed Amendments to the Older Americans Act: Hearings on S. 2850 Before the Subcommittee on Aging in the Senate Committee on Human Services*, 95th Cong., 2d Sess., 420–679 (1979) (hereafter cited as *Senate Testimony*).

[29] *Senate Testimony*, p. 642 (statement of Camela G. Lacayo, national executive director, Asociacion Nacional Por Personas Mayores).

[30] Ibid., pp. 420–679.

[31] Ibid., p. 432.

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glish-speaking minorities and of OAA programs' failure to meet these needs.[32] Title III requires funded area agencies to assure that older persons have reasonably convenient access to an information and referral system.[33] The implementing regulation states:

> In areas in which a significant number of older persons do not speak English as their principal language, the service provider must provide information and referral services in the language spoken by the older persons.[34]

Testimony before the Subcommittee on Select Education of the House of Representatives noted cases where language and cultural barriers impeded older minorities in obtaining needed service information.[35] Instances were cited where older non-English-speaking Hispanics were unable to obtain information or other assistance because no one at the service agencies knew enough Spanish to assist them. The Subcommittee on Select Education also heard that older American Indians generally had not been receiving adequate services and that they had not had the opportunity to have an effective voice in the planning and implementation of programs under all sections of the act.[36]

After hearing the allegations that minority older persons were not being served by OAA programs, Congress ordered the U.S. Commission on Civil Rights to investigate their validity.[37] The Commission's own investigations for its initial age study also had suggested that older minorities were not receiving an equitable share of the benefits of programs for older Americans.[38] Testimony presented at the Commission hearings for the 1977 age discrimination study had illustrated the multiple difficulties facing older minorities in their attempts to receive benefits from federally assisted social programs.[39] Other information supplied to the Commission also suggested that elderly minorities were being underserved by these programs. For example, at a U.S. Commission on Civil Rights consultation, a representative of the Asian community spoke of barriers to equal services that older Asian and Pacific Island Americans have had to face.[40] Lack of accessibility to information and direct services in a language other than English and the absence of Asian and Pacific Island Americans among program staff who

[32] *Senate Testimony*, pp. 642–79.

[33] 42 U.S.C. §3026(a)(4) (Supp. III 1979).

[34] 45 C.F.R. §1321.161(b) (1980).

[35] *Proposed Extension of the Older Americans Act of 1965 and Oversight on the Age Discrimination Act of 1975: Hearings Before the Subcommittee on Select Education of the House Comm. on Education and Labor*, 95th Congress, 2d Sess., 244–87.

[36] Ibid.

[37] Pub. L. No. 95–478, title III, 92 Stat. 1513, 1554–55 (codified at 42 U.S.C. §1975c note (Supp. III 1979)).

[38] *The Age Discrimination Study*, pp. 24–26.

[39] See for example, *Hearing Before the U.S. Commission on Civil Rights, Miami, Fla.*, Aug. 22–23, 1977, pp. 173–74, 113–14, 135–37, 225–28. *Hearing Before the U.S. Commission on Civil Rights, Denver, Colo.*, July 28–29, 1977, pp. 31–32, 18, 197–99; *Hearing Before the U.S. Commission on Civil Rights, San Francisco, Calif.*, June 27–28, 1977, pp. 287–88, 234–38, 125–28.

[40] Presentation of Sandra Ouye, Kimochi, Inc., San Francisco, Calif., in U.S., Commission on Civil Rights, *Civil Rights Issues of Asian and Pacific Americans: Myths and Realities* (1979), a consultation, pp. 682–83.

could provide bilingual services were among the problems presented.[41]

Further, the severity of the problem of older Americans who are minorities had also been recognized and documented in several research studies.[42] One of the more comprehensive studies that reviewed the literature on delivery of social services to older Asian and Pacific Island Americans, Mexican Americans, American Indians, and black Americans concluded that none of these groups' service needs were being met. The study also identified several barriers to minority participation, including a lack of awareness of cultural diversity coupled with a generally negative program staff attitude towards minority older persons.[43] Another notable study examined outreach efforts to identify, inform, and persuade older minorities to participate in OAA nutrition programs. This study documented the absence of older minorities in the nutrition programs and identified barriers to participation, including perceived racism and racial prejudice of program staff by older minority persons, the lack of clarity of the entitlement nature of the program, and inadequate access (transportation) to nutrition sites.[44]

Although Congress mandated the Commission to investigate allegations of discrimination against minorities in OAA programs, it deleted several statutory provisions and sections of the law that referred explicitly to inclusion of minorities in OAA programs. For example, the 1975 amendments to the model project provisions of the OAA required the Commissioner on Aging to give special consideration to projects that provided needed services to minorities, American Indians, and limited-English-speaking elderly.[45] The 1978 amendments removed these provisions.[46]

The Administration on Aging, following Congress' lead, revised the OAA regulations to eliminate requirements for establishing preferences or priorities for minorities.[47] The regulations issued under the 1978 amendments had no explicit requirement for minority participation in contracts or grants.[48] In addition, most references to service delivery priority for minorities were replaced by

[41] Ibid.

[42] There has not been much research on minority involvement in programs for older persons; a review of available literature suggests that the needs of minority older persons are not being served adequately. See notes 43 and 44.

[43] Duran Bell, Patricia Kasschua, and Gail Zellman, *Delivering Services to Elderly Members of Minority Groups: A Critical Review of the Literature* (prepared under a grant from the Office of Human Development, U.S. Department of Health, Education, and Welfare, Santa Monica, Calif., Rand, April 1976).

[44] Robert L. Schneider, "Barriers to Effective Outreach in Title VII Nutrition Programs," *The Gerontologist*, vol. 19 (1979), pp. 163–68.

[45] Pub. L. No. 94–135, Title I, §108, 89 Stat. 713, 717 (repealed in 1978).

[46] The model projects provisions of the OAA were not included in the 1978 revised and reorganized version of the act. See Pub. L. No. 95–478, 92 Stat. 1513.

[47] For example, compare 45 C.F.R. §1321.83 (1980) to 42 Fed. Reg. 59, 212, 59, 225 [45 C.F.R. §1321.79(c)] (1977) (since repealed) and compare 45 C.F.R. §1321.25 (1980) to 42 Fed. Reg. 59, 212, 59, 219, [45 C.F.R. §1321.12(b)(1)] (1977) (since repealed).

[48] 45 C.F.R. §1321.101–103 (1980). The prior regulations at 45 C.F.R. §1321.80(c) required area plans to "provide for contracts or grants under the area plan to be operated by minority individuals, at least in proportion to their relative number in the planning and service area." 42 Fed. Reg. 59, 212, 59, 226, (1977) (since repealed).

references to priority to those in greatest social and economic need.[49] The act itself provided that State and area agencies, in their respective plans, give preference to older persons with the greatest economic or social need.[50] AoA in its proposed regulations for implementing the act had interpreted the section on economic and social need as new and stated that congressional intent concerning the definition of "greatest economic or social need" was not clear.[51] In responding to comments on its proposed regulations regarding the definition of "greatest economic need" and minority servicing, AoA replied, "since minority persons are represented in a greater incidence among those with the lowest income [use of the Bureau of Census measure of the poverty level will]. . .assure that minority older persons receive the services that they need."[52]

Testimony on the problems of older minorities documents their comparative need for Federal service programs, although not necessarily their receipt of representative amounts of service benefits.[53] The executive director of the National Center on Black Aged, Inc.,

[49] 45 C.F.R. §§1321.25(g)(4)(i)(A)-(B), 1321.45(a)(6), 1321.77(c)(1), 1321.92(g), 1321.95(b)(1)(i), 1321.109.

[50] Pub. L. No. 95-478, 92 Stat. 1513, 1521 (codified at 42 U.S.C. §§3025-3027 (Supp. III 1978)).

[51] The U.S. Commission on Civil Rights (CCR) in its comments on regulations proposed by the Administration on Aging (AoA) to implement the new Title III of the 1978 amendments raised several crucial questions concerning AoA's interpretation of the terms social and economic need and its resulting regulations. CCR viewed AoA's interpretation of Congress' intention under these amendments as misleading. Citing the report of the Committee on Labor and Education which accompanied the House bill that introduced Title VII (H.R. Rep. No. 92-726, 92d Cong., 2d Sess., reprinted in [1972] U.S. Code Cong. & Ad. News 2086, 2087, 2093), the Commission noted that the agencies administering the nutrition programs were previously required to give preference to projects "serving primarily low-income individuals and [in addition], to the extent feasible, grants [were] to be awarded to projects operated by and serving the needs of minorit[ies], [American] Indian[s], and [other] limited-English-speaking eligible individuals in proportion to their numbers in the state[s]." *(Id.,* p. 2093.) According to the Commission, it also established a policy of affording affirmative action to ensure that minorities received equal benefits.
CCR pointed out that the proposed regulations made no reference to staffing patterns that the State and area agencies and service providers (except for legal services and information and referral services) should maintain with respect to affirmative action programs designed to result in the representation of minorities at all levels of employment in the program. Also noted was the fact that requirements were missing regarding minority representation on State and area advisory councils on aging. CCR pointed out that minority representation on such councils should be required, particularly in light of the programs' target population. (U.S., Commission on Civil Rights, "Comments on Regulations Proposed by the Administration on Aging of the Department of Health, Education, and Welfare to Implement the 1978 Amendments to the Older Americans Act," Oct. 1, 1979, p. 2 (hereafter cited as "Comments on Regulations").)

[52] 45 Fed. Reg. 21126, 21127 (Mar. 31, 1980).

[53] *Proposed Extension of the Older Americans Act of 1965 and Oversight on the Age Discrimination Act of 1975: Hearings Before the Subcommittee on Select Education of the House Committee on Education and Labor,* 95th Cong., 2d Sess., pp. 248-59. Testimony of Delores A. Davis, executive director, National Center on Black Aged, Inc. (hereafter cited as *Davis Testimony).*
Census data also document that proportionally a larger number of older minorities are in poverty than older whites. Data gathered in 1979 revealed that the likelihood of older blacks being impoverished is three times greater than among older whites. Among older Hispanics it was nearly double that among older whites. Similar statistics are not available for Asian and Pacific Island Americans or American Indians. U.S., Department of Commerce, Bureau of the Census,

testified before the U.S. House of Representatives about the problems of defining equal participation of older minorities because of their relative need. The director pointed out that the regulations state that the total number of older persons served in the nutrition program should be in proportion to their numbers of eligible persons in each State and that State plans prepared to implement those regulations are supposed to identify target groups of eligible individuals who have the greatest need and, therefore, priority in receiving services. She noted that of the nearly 3 million persons who participated in the nutrition program in 1977, it was estimated that black older persons constituted 11 percent. This percentage, apparently in accordance with regulations, ignores the fact that a much higher proportion of older black persons are poor than older whites. For example, although only about 8.1 percent of all older persons (65 years of age and older) in the United States were black, approximately 16.5 percent of those older persons in poverty were black. Only 11 percent of those served in the nutrition program in 1977 were black. According to the testimony, this lack of participation indicated that there is black underrepresentation in the program. The testimony further noted that, while at first glance these figures suggest that minorities have access to program benefits, such a conclusion is misleading if the relative number of minorities in greatest economic and social need is considered.[54]

Thus, with a mandate from Congress and hearings suggesting that older minorities were being underserved, the Commission began its investigation regarding minority participation in Title III programs in Cleveland, Ohio; Bridgeport, Connecticut; Tucson, Arizona; Tulsa, Oklahoma; San Francisco, California; and Honolulu, Hawaii.

Money, Income, and Poverty: Status of Families and Persons in the U.S.: 1978, series P–60, no. 120, p. 32.

[54] Davis Testimony.

Chapter 3

Cleveland, Ohio

Demographic Profile

Cleveland, eighth largest city in the United States, is the county seat of Cuyahoga County. The Cuyahoga River divides the city into east and west sides. The Cleveland metropolitan area is home to approximately 2 million people, including more than 573,822 in the city proper. Cleveland is the sixth largest manufacturing center in the United States. Scattered around the city and some of its suburbs are industrial enterprises ranging from gigantic steel mills and automobile assembly plants to small shops.

Cleveland is the industrial center of Ohio. It has attracted immigrants from many foreign lands and Americans from all over the Nation. The result is a population of many ethnic, racial, religious, and socioeconomic backgrounds. From 1918 to the mid-1950s, large numbers of black Americans from the rural south arrived in Cleveland to work in the factories.[1] They began settling on the east side. After the Second World War, white families moved to the suburbs[2] as black families moved into previously all-white east side neighborhoods. This shift of whites to the suburbs resulted in the east side becoming predominantly black. The west side remained and still is predominantly white. The Cuyahoga River is now viewed by city residents as the unofficial dividing line between the city's black and white populations.[3]

In addition to the majority of Cleveland's white population, the west side is the primary home for both Hispanics and American Indians. In the late 1950s Hispanics, mainly Puerto Ricans, began to move to an area on the west side near the river called the near west side.[4] There is now a substantial Hispanic

[1] Phillip W. Porter, *CLEVELAND: Confused City on a Seesaw* (Columbus, Ohio: Ohio State University Press, 1976), p. 11.

[2] Ibid.

[3] Paul W. Alandt, executive director, and Steve Rowan, assistant director, program operations, Western Reserve Area Agency on Aging, interview in Cleveland, Nov. 10 and 18, 1980 (hereafter cited as Alandt and Rowan Interview).

[4] Teodocca Feliciano, member, Mayor's Commission on Aging Advisory Board, interview in Cleveland, Nov. 10, 1980 (hereafter cited as Feliciano Interview). Mr. Feliciano is a founding member of the Spanish American Committee and is presently a newly appointed member of the Mayor's Commission on Aging Advisory Board.

population in this area. In the mid-1960s, the Bureau of Indian Affairs began a program to relocate American Indians from the reservations into cities.[5] Cleveland was chosen as one of the relocation sites and during the late 1960s American Indians from reservations across the country settled on the near west side of Cleveland.

The Asian American population in Cleveland also came to the city as a result of government relocation programs.[6] In 1942 Japanese Americans from the west coast of the United States were relocated by the U.S. Government to internment centers in the Cleveland area. After the Second World War, some families chose to remain in the area, thus forming the base of an Asian American population that currently resides on both sides of the river.[7]

In 1980 more than 40 percent of Cleveland's population was minority. Of the 573,822 persons living in the city, 251,347 (43.8 percent) were black, 1,094 (0.2 percent) were American Indian, 3,384 (0.6 percent) were Asian American, and 17,772 (3.1 percent) were Hispanic[8] (see table 3.1). The 1980 figure shows a marked increase in the number of Hispanics and a decrease in the number of blacks.[9] Because of the general loss in population for the city of Cleveland, however, in 1980 both blacks and Hispanics constituted a higher percentage of the general population than they did in 1970.[10]

Cleveland's population has had both an increase in the percentage of minorities and an increase in its proportion of older persons. During the mid-1960s, young, white Cleveland residents began moving to the suburbs, leaving behind a growing aging population. In 1970 persons over 60[11] numbered 113,240, repre-

[5] Richard Morales and Darelyn Clause, job development counselors, Cleveland American Indian Center, interview in Cleveland, Nov. 14, 1980 (hereafter cited as Morales and Clause Interview). The American Indian Center has been in existence for 10 years and is the primary source of services for American Indians in Cleveland.

[6] Shig Ohada, executive director, Golden Age Centers, interview in Cleveland, Nov. 13, 1980. The Golden Age Centers (GAC) of Greater Cleveland, Inc., consists of 16 senior centers, of which 11 are federally assisted. The GAC has been serving the elderly in Cleveland for the past 26 years.

[7] Dwight Chuman, "Little Tokyo," *Civil Rights Digest*, vol. 9 (Fall 1976), p. 37.

[8] U.S., Department of Commerce, Bureau of the Census, *Characteristics of the Population: Ohio*, vol. 1, pt. 37, sec. 1, tables 24 and 96 (hereafter cited as *1970 Census*).

[9] U.S., Department of Commerce, Bureau of the Census, *Advance Reports, Ohio;* 1980 Census of Population and Housing, table 1.

[10] Ibid.

[11] According to the Older Americans Act, generally a person age 60 or older is eligible to receive services. 42 U.S.C. §§3024(a) (Supp. III 1979). However, nuitrition services may be made available to spouses of 60-year-old individuals regardless of the spouse's age. 42 U.S.C. §3027(a)(13)(A) (Supp. III 1979). In providing legal services, priority must be given to older Americans with the greatest economic and social need. 42 U.S.C. §3027(a)(15)(ii) (Supp. III 1979).
Regulations established by the U.S. Department of Health and Human services also require that preferences in all services be given to older persons who are living in poverty or who have some social need such as a physical or mental disability, language barrier, or cultural or social isolation, "including that caused by racial or ethnic status" 45 C.F.R. §§1321.3, 1321.109 (1980). Statistical data published by the Bureau of Census often use the age category persons 65 years and older, and this age group also may be mentioned when citing census data.

TABLE 3.1
General Population of Cleveland by Race or Ethnicity: 1980

Race or ethnicity	General population Number	Percent
American Indians/Alaskan Natives	1,094	0.2%†
Asian and Pacific Island Americans	3,384	0.6
Blacks	251,347	43.8
Other	10,733	1.9
Whites	307,264	53.5
Total	573,822	100.0%
Hispanics[1]	17,772	3.1%

† This can be interpreted as follows: In 1980, 1,094 persons or 0.2 percent of Cleveland's population was American Indian/Alaskan Native.

[1] Persons of Spanish origin are also included in the racial categories of this table. The U.S. Bureau of the Census estimates that 55.6 percent of the Hispanics identified themselves as white, 2.7 as black, 0.6 as American Indian/Alaskan Native, 1.1 percent as Asian and Pacific Island American, and 40.0 percent refused to identify themselves as one of these races and instead classified themselves as "other." U.S., Department of Commerce, Bureau of the Census, *Commerce News*, Feb. 23, 1981, table 3.

Source: U.S., Department of Commerce, Bureau of the Census, *Advance Reports, Ohio, 1980 Census of Population and Housing*, table 1.

senting 15.1 percent of the total population.[12] White older persons numbered 84,840 (74.9 percent) and black elderly 27,916 persons (24.7 percent)[13] (see table 3.2). Although 1980 figures are not available as yet, a spokesperson for the Hispanic commmunity estimated that there are about 2,000 to 3,000 older Hispanics currently in Cleveland.[14] He noted that whereas the elderly Hispanics once returned to Puerto Rico when they grew older, they are now staying in Cleveland as they age, resulting in the development of a sizable aged Hispanic population.[15] A representative from the American Indian Center estimated that three-fourths of the American Indian older persons in the county reside in the city of Cleveland.[16]

Western Reserve Area Agency on Aging

The Ohio Commission on Aging (OCoA) established the Western Reserve Area Agency on Aging (WRAAA) in 1976 to meet the mandate of the Older Americans Act of 1965, as amended.[17] WRAAA, located in Cleveland, is 1 of 12 area agencies on aging in Ohio designated by the OCoA to develop a "comprehensive and coordinated service delivery system [to meet the needs of older per-

[12] *1970 Census.*
[13] Ibid.
[14] Feliciano Interview.
[15] Ibid.
[16] Morales and Clause Interview.
[17] 42 U.S.C. §§3001–3057g (Supp. III 1979).

TABLE 3.2
Elderly Population of Cleveland by Race or Ethnicity: 1970

Race or ethnicity	Population 60 years and older Number	Percent
American Indians/Alaskan Natives	*	*
Asian and Pacific Island Americans	*	*
Blacks	27,916	24.7%†
Other	484	0.4
Whites	84,840	74.9
Total	113,240	100.0%
Hispanics[1]	464	0.4%

† This figure can be interpreted as follows: In 1970, 27,916 persons or 24.7 percent of the population 60 years or older in Cleveland were black.

* Data on American Indian and Asian American elderly in Cleveland were not tabulated separately in 1970.

[1] Persons of Spanish origin (Hispanics) are also included in the racial categories of this table. The U.S. Bureau of the Census estimates that in 1970, 93.3 percent of the Hispanics identified themselves as white, 5.0 as black, 0.3 as American Indian/Alaskan Native, 0.4 percent as Asian and Pacific Island American, and 1.0 percent refused to identify themselves as one of these races and instead classified themselves as "other." U.S., Department of Commerce, Bureau of the Census, *Commerce News*, Feb. 23, 1981, table 3.

Source: U.S., Department of Commerce, Bureau of the Census, *Characteristics of Population, Ohio*, 1970 Census of Population, vol. 1, pt. 37, sec. 1, tables 3, 24, and 96.

sons] in the planning and service area."[18] The total WRAAA budget for fiscal year 1980 was $6,304,932.

The WRAAA is an official department of the Cuyahoga County government. It serves a diverse region, including the city of Cleveland,[19] suburban towns, and rural areas.

Prior to 1976 the city of Cleveland and the surrounding five counties each had its own area agency on aging. The OCoA decided that each agency was duplicating services that should be consolidated under one agency. Bids were submitted by Cuyahoga County, the city of Cleveland, and other interested agencies to become a WRAAA designee to serve Cleveland and the five surrounding counties.[20] According to the WRAAA director,[21] the Cleveland suburbs and the other counties did not want the city designated. As a result of the shift of the political power base from the city to the suburbs, Cuyahoga County won the bid and the WRAAA became an official department of the county government.[22]

The Cuyahoga County Board of Commissioners is the actual governing board of the WRAAA. The board of commissioners appoints 11 WRAAA advisory council members, signs all awards, dis-

[18] 45 C.F.R. §1321.93 (1980).

[19] "Area Plan for Programs on Aging: For the Planning and Service Area 10-A, Western Reserve Area Agency on Aging, Program Years, January 1981–December 1983," n.d. (hereafter cited as WRAAA Area Plan).

[20] The five counties of the Western Reserve Area Agency on Aging are: Cuyahoga, Geauga, Lake, Lorain, and Medina.

[21] Alandt and Rowan Interview.

[22] Ibid.

penses funds, and has final approval of WRAAA decisions.[23]

WRAAA Advisory Council

The Western Reserve Area Agency on Aging Advisory Council is the review body for the development and administration of the WRAAA's area plan[24] and of its policies and programs which affect older persons. The council works closely with the WRAAA and the individual county offices on aging to help coordinate senior programs and services. The advisory council also is responsible for reviewing and making recommendations on all new and ongoing programs funded through the WRAAA.

The advisory council to the WRAAA has 43 members, of whom 21 are voting members.[25] The 21 voting members serve 2-year terms. Nine blacks are on the council, all voting members. Despite their increasing numbers in the area's population, to date, American Indians, Asian Americans, and Hispanics have not been selected to serve on the WRAAA advisory council.[26]

Employment Practices of the Western Reserve Area Agency on Aging

Minority Representation on WRAAA Staff

The WRAAA's employment practices are one indication of its commitment to full participation of minorities in its programs. In 1980 the WRAAA had a staff of 29 employees, 14 of whom were white and 15 of whom were black. No American Indians, Asian Americans, or Hispanics were on the staff.[27] Blacks accounted for 51.7 percent of the WRAAA's staff (see table 3.3). Blacks held three of the seven staff positions defined as officials and managers at the WRAAA.[28] This can be compared to their representation in professional[29]

[23] Each of the five counties appoints its own advisory members. Lorain County Commissioners appoint three members, and Geauga Lake and Medina County Commissioners appoint two members each. Paul Alandt, executive director, Western Reserve Area Agency on Aging, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 27, 1981, p. 1 (hereafter cited as Alandt Letter).

[24] Ibid. An area plan is the document submitted by an area agency to the State agency in order to receive subgrants from the State agency's grant under this part. The area plan contains provisions required by the act and this part and commitments that the area agency will administer activities funded under this part in accordance with all Federal requirements. The area plan also contains a detailed statement of the manner in which the area agency is developing a comprehensive and coordinated system throughout the planning and service area for all services authorized under this part. 45 C.F.R. §1321.71 (1980).

[25] The advisory board members serve on five committees: (1) personnel committee; (2) area plan review committee; (3) multipurpose senior centers; (4) handicapped assessment committee; and/or (5) nutrition committee. Twenty-one members of the advisory council are voting members and the others are ex officio members who have no vote.

[26] According to the advisory council bylaws, the council should consist of older minorities in the PSA. Cuyahoga Area Agency on Aging, PSA 10–A, Operating Procedures for the Advisory Council in Ohio Planning and Service Area PSA 10-A, art. IV, Membership.

[27] 1980 census data show that American Indians and Asian Americans are less than 1 percent of the total population.

[28] Alandt and Rowan Interview. The officials and managers category includes the positions of executive director, assistant director/operations, assistant director/planning, fiscal manager, nutrition coordinator, social service coordinator, and multipurpose center coordinator.

[29] Ibid. The professionals category includes the positions of planner, fiscal officer, contract specialist, information analyst, and program monitor.

TABLE 3.3
Employees of the Western Reserve Area Agency on Aging by Position and Race or Ethnicity: 1980[5]

Positions	Total	Race or ethnicity of employees: American Indian	Asian American	Black	Hispanic	White
Full time						
Executive director[1]	1	0	0	0	0	1
Assistant director/operations[1]	2	0	0	1	0	1
Assistant director/planning[1]	1	0	0	0	0	1
Planner[2]	1	0	0	0	0	1
Fiscal manager[1]	1	0	0	0	0	1
Nutrition operation coordinator[1]	1	0	0	1	0	0
Multipurpose senior center coordinator[1]	1	0	0	1	0	0
Fiscal officer[2]	1	0	0	1	0	0
Contract specialist[2]	1	0	0	0	0	1
Information analyst[2]	1	0	0	0	0	1
Program monitor[2]	4	0	0	2	0	2
Food service monitor[2]	2	0	0	0	0	2
Nutrition educator[3]	2	0	0	2	0	0
Administrative secretary[4]	1	0	0	1	0	0
Clerk typists	3	0	0	2	0	1
Bookkeeper[3]	2	0	0	1	0	1
Interviewers[3]	2	0	0	2	0	0
Subtotal	27	0	0	14	0	13
Part time						
Multipurpose senior center assistant[3]	1	0	0	1	0	0
Clerk typist[4]	1	0	0	0	0	1
Subtotal	2	0	0	1	0	1
Grand total	29	0	0	15	0	14
Percentages	(100.0)	(0.0)	(0.0)	(51.7)	(0.0)	(48.3)

[1] Executive director, assistant director, assistant director/operations, assistant director/planning, fiscal manager, nutrition coordinator, social service coordinator, and multipurpose center coordinator.

[2] Planner, fiscal officer, contract specialist, information analyst, and program monitors are considered professional.

[3] Multipurpose senior center assistant, food service monitor, nutrition educator, bookkeeper, and interviewers are considered paraprofessionals/technicians.

[4] Administrative secretary and clerk typists are clerical workers.

[5] According to Paul Alandt, executive director, the WRAAA staff has changed since 1980 and now includes one black planner for nutrition; two black planners for social services; one black fiscal manager; one white nutrition coordinator; one black fiscal officer; one black food service monitor, and two white clerks (telephone interview, Nov. 12, 1981).

Source: "Area Plan for Programs on Aging: For the Planning and Service Area 10-A, Western Reserve Area Agency on Aging, Program Years, January 1981–December 1983"; Paul Alandt, executive director, Western Reserve Area Agency on Aging, interview in Cleveland, Nov. 18, 1980; Paul Alandt, executive director, Western Reserve Area Agency on Aging, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 27, 1981, p. 1.

positions where blacks held three of the six positions.

Recruitment, Hiring, and Promotion of Minorities

The Western Reserve Area Agency on Aging is a Cuyahoga County department, and all outreach efforts, recruitment, and hiring of staff are done by the county's personnel office, with all positions subject to merit system regulations.[30]

Between 1978 and 1980, 19 employees were hired by the WRAAA, 9 whites and 10 minorities.[31] Six new employees were hired in 1978, 5 whites and an 80-year-old Asian American, hired through the Comprehensive Employment and Training Act (CETA) program as an assistant bookkeeper.[32] Seven employees were hired in 1979, all blacks;[33] five were employed in professional positions, the other two as clericals. Three employees were hired in 1980, one black and two whites. The two whites were hired for clerical technical positions while the black was hired as a professional.[34]

From 1978 to 1980 the representation of blacks on the WRAAA's staff improved, particularly at the professional level. While in 1978 blacks accounted for 3, or 27.3 percent, of the WRAAA's professional positions, this number had increased to 8, or 57.0 percent, in 1980.[35] The WRAAA also increased the number of blacks in professional positions through promotions. In 1978, WRAAA promoted four employees, two whites and two blacks.[36] The two whites were promoted from professional to managerial positions, while one black was promoted from paraprofessional to management and the other from clerical to professional. In 1979 two black professionals were the only employees at the WRAAA who were promoted.[37] These two promotions were from one level to another in the professional category. During 1980 no employee at the WRAAA was promoted.[38]

Affirmative Action

As a county agency, the WRAAA is required by the county to have an affirmative action plan.[39] The WRAAA's affirmative action plan includes goals and timetables for the hiring, promoting, and training of minorities. The plan represents the WRAAA's attempt to eliminate underutilization and concentration of minorities in particular job categories through outreach efforts, recruitment, hiring practices, promotions, and training.[40]

According to the WRAAA EEO officer, although the WRAAA is required to have and does have an affirmative action plan with goals and timetables, the WRAAA has not been able to achieve the goals set in its affirmative action plan for the hiring of Hispanics,[41] despite their inclusion as a target group in the plan over the last several years.[42] American Indians and Asian Americans have not been identified specifically in the

[30] Alandt and Rowan Interview.
[31] Ibid.
[32] Ibid.
[33] Ibid.
[34] Alandt Letter, p. 2
[35] Ibid.
[36] Ibid.
[37] Ibid.
[38] Ibid.
[39] Ibid.
[40] Ibid.
[41] Ibid.
[42] Ibid.

WRAAA's affirmative action plan as target groups[43] and have not been hired.[44]

The affirmative action plan at WRAAA is monitored by the Ohio Commission on Aging, and the WRAAA submits a copy to the OCoA yearly.[45] According to OCoA, this monitoring includes evaluation of personnel procedures with the WRAAA director. If the OCoA determines that WRAAA is not in compliance with its affirmative action plan, as happened in 1978, it will recommend improvements to the WRAAA director.[46] According to the county's EEO director, the Cuyahoga County Office of Equal Opportunity currently does not monitor the affirmative action plan, but will do so in the future.[47]

Title III Funds Awarded by Western Reserve Area Agency on Aging

Although required under the Older Americans Act to develop and administer a comprehensive and coordinated system of services to older persons in the Cleveland area, the WRAAA is not required to provide these services directly, except in cases where it has been determined that it can best provide such services.[48] Instead, these services are to be given out to private, nonprofit organizations.[49] Funds for direct services are to be awarded either as part of Title III–B or III–C of the act. Funds awarded to organizations under Title III–B are for social service programs.[50] Funds awarded under Title III–C provide for congregate and home-delivered nutrition services.[51] The extent to which the relative amount of monies awarded to minority organizations under both Title III–B and III–C reflects their composition of the total population may be an indication of the WRAAA's commitment to full participation of all groups in its programs for older persons.

[43] Ibid.

[44] Ibid.

[45] James Duren, EEO contract compliance officer, and Carolyn Hunter, affirmative action officer, Ohio Commission on Aging, Columbus, Ohio, telephone interviews, June 9 and 10, 1981 (hereafter cited as Duren and Hunter Telephone Interview). According to OCoA, due to conflicting schedules, the 1980 Cleveland PSA–10–A assessment was missed.

[46] Ibid. According to OCoA, it does not determine whether area agencies on aging (AAA) are in compliance; instead it presents its evaluation of the affirmative action plan to the WRAAA's director with recommendations only.

[47] William F. Crockett, director, Office of Equal Opportunity, Cuyahoga County, Cleveland, telephone interview, June 10, 1981 (hereafter cited as Crockett Telephone Interview). The WRAAA director noted "that WRAAA has monitored its own affirmative action program." Alandt Letter, p. 2. The EEO director also noted "that WRAAA has handled its own compliance matters in house." William F. Crockett, director, County of Cuyahoga, Office of Equal Opportunity, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 27, 1981, p. 1 (hereafter cited as Crockett Letter).

[48] C.F.R. §1321.103 (1980). According to the Federal regulations, an area agency must use subgrants or contracts with service providers to provide all services under this part unless the State agency decides that direct provision of a service by the area agency using its own employees is necessary to assure an adequate supply of the services. Prior to deciding that an area agency can more effectively and efficiently perform the services than a contractor or subgrantee, the State unit on aging must test for adequate supply of services and, using such criteria as service quantity and relative cost and timeliness of service provision, agree that the area agency on aging will be the most effective service provider.

[49] 45 C.F.R. §1321.101 (1980).

[50] 42 U.S.C. §3030d (Supp. III 1979).

[51] 42 U.S.C. §3030e (Supp. III 1979).

Minority Representation Among Title III-Funded Organizations

In 1980 the WRAAA funded 17 organizations to provide social services for older citizens in the city of Cleveland under Title III–B. Three of the 17 organizations were minority organizations (see table 3.4). The three (18 percent) minority organizations received a total of $80,677, or 10 percent of the funds awarded, while the 14 white organizations received $733,614, or 90 percent of the funds awarded. The three minority organizations that received funds were (1) the Urban League, $77,000 for outreach, transportation, volunteers, and health assessment; (2) Holy Trinity Baptist Church, $1,323 for transportation; and (3) Calvary Hill Baptist, $2,354, also for transportation; all three organizations were black. American Indian, Asian American, and Hispanic organizations received no Title III–B funds.

In 1980 the Western Reserve Area Agency on Aging funded 15 organizations to provide nutrition services at sites throughout the Cleveland metropolitan area under Title III–C. Four of these (27 percent) were minority organizations (see table 3.5). Of the total Title III–C funds, $1,112,416, white organizations received $984,828 (89 percent) and minority organizations received $127,588 (11 percent). The four minority organizations receiving nutrition services funds from WRAAA were: (1) the Calvary Hill Baptist Church, $35,399; (2) the Martin De Porres Senior Center, $29,242; (3) Holy Trinity Baptist Church, $26,912; and (4) Eagles Nest Nutrition site, $36,035; all four receiving Title III–C funds were black organizations. As with the Title III–B social services organizations, no Hispanic, American Indian, or Asian American organizations received Title III–C funds. Thus, minorities are underrepresented among organizations in terms of percentage of funds received.

In addition to Title III–B and III–C organizations, the WRAAA in 1980 funded a total of $2,602,967 to three caterers to provide meals to each of the nutrition sites throughout the city. According to the WRAAA director, at least one of its caterers must be a minority because it has funds set aside for a minority caterer. Currently, there is one minority caterer, a black firm.[52] Of the three caterers, the black firm—Smith and Sons Catering—received $511,207 or 19.6 percent of the funds awarded. The other caterers—AAV and Davis—received $1,980,418 and $111,342, respectively.

Although two WRAAA organizations provide funds to other organizations, neither provides funds to a minority organization. The Golden Age Center (GAC) and the Neighborhood Centers Association (NCA), two major organizations of the WRAAA, both gave to the Visiting Nurses Association (VNA) to provide additional health services at their centers. In 1980 the GAC gave $20,000 to the VNA for weekly visits to the nutrition sites it administers. NCA provided $4,000 to the VNA for additional site visits.[53]

WRAAA Title III Award Process

The director of the Western Reserve Area Agency on Aging explained the WRAAA's Title III award process. First, potential organizations must develop a

[52] Alandt and Rowan Interview.

[53] Paul W. Alandt, executive director, Western Reserve Area Agency on Aging, telephone interview, June 25, 1980 (hereafter cited as Alandt Telephone Interview).

TABLE 3.4
Title III-B (Social Services) Awards in Cleveland: 1980

Organizations	Amount	Minority (X)	Type of Service
American Red Cross	$ 33,758		Transportation
Calvary Hill Baptist Church	2,354	X	Transportation
Catholic Charities	3,380		Outreach, transportation, recreation, socialization
City of Cleveland	118,084		Outreach
CEO (Council for Economic Opportunities)[1]	51,332		Transportation, in-home health aides
Federation for Community Planning	74,900		Information and referral
First United Methodist Church	10,936		Outreach, socialization, transportation
Golden Age Centers	143,931		Outreach, transportation, counseling, recreation, health services, homemaker/home health aide, socialization
Holy Trinity Baptist Church	1,323	X	Transportation
Jewish Community Center	38,516		Outreach, transportation, counseling, socialization, education, recreation, health services, support services
Neighborhood Centers Association	90,407		Outreach, transportation, recreation, meals, socialization, in-home aides, counseling, health services, telephone reassurance, escort
Nursing Home Ombudsman	39,517		Nursing home ombudsman
Salvation Army	48,969		Outreach, transportation, homemaker, escort, chore, and counseling
Senior Citizens Resources	38,718		Socialization, outreach, transportation, chore, counseling, recreation, supportive service
United Labor Agency	20,968		Outreach, supportive services
Urban League	77,000	X	Outreach, transportation, volunteer, health assessment
Visiting Nurses Association	20,198		Health services
Total	$814,291		

[1] "The Council of Economic Opportunity (Community Action Program) was formerly a minority organization, with a board controlled by minorities when the contract originally went into effect. In 1980, changes in the board caused the organization to be controlled by white members. The organization continued to be run by minority personnel and served a predominantly minority clientele." Paul Alandt, executive director, Western Reserve Area Agency on Aging, letter, to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 27, 1981, p. 3.

Source: Paul W. Alandt, executive director, Western Reserve Area Agency on Aging, interview in Cleveland, Nov. 8, 1980.

TABLE 3.5
Title III-C (Nutrition) Awards in Cleveland: 1980

Organizations	Amount	Minority (X)
Calvary Hill Baptist Church	$ 35,399	X
West Rose	38,481	
Martin De Porres	29,242	X
Council for Economic Opportunities[1]	154,978	
First United Methodist Church	101,557	
Golden Age Centers	159,527	
Heights Christian Church	29,317	
Holy Trinity Baptist Church	26,912	X
Jewish Community Center	25,838	
Jewish Family Service	103,447	
Neighborhood Centers Association	251,902	
Salvation Army	33,513	
Senior Citizen Resources	61,895	
United Labor Agency	24,373	
Eagles Nest	36,035	X
Total	$1,112,416	

[1] "The Council of Economic Opportunity (Community Action Program) was formerly a minority organization, with a board controlled by minorities when the contract originally went into effect. In 1980, changes in the board caused the organization to be controlled by white members. The organization continued to be run by minority personnel and served a predominantly minority clientele." Paul Alandt, executive director, Western Reserve Area Agency on Aging, letter, to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 27, 1981, p. 3.

Source: Paul W. Alandt, executive director, Western Reserve Area Agency on Aging, interview in Cleveland, Nov. 8, 1980.

proposal and submit it to the WRAAA for review. These proposals are usually submitted following issuances of requests for proposals to all interested parties. The WRAAA forwards all of the proposals submitted to its advisory council for review. The WRAAA and advisory council then make site visits to each organization submitting a proposal. The advisory council does a comments review of the proposal, including the results of the site visit. Recommendations are then made for funding or nonfunding. If a proposal is approved by the Cuyahoga County Board of Commissioners, an award is issued.[54]

Many of the American Indian, Asian American, and Hispanic organizations believe they are excluded from obtaining awards because they are not familiar with the award process.[55] According to a Hispanic community organization representative, a major problem facing minority organizations that could provide needed services is a lack of knowledge of the WRAAA's funding and awarding process.[56]

According to the WRAAA's director, however, the process for an organization or individual to be awarded WRAAA funds for services in Cleveland is well

[54] Alandt and Rowan Interview.

[55] Avis Sanchez, executive director, and Laura Santiago, assistant director, Spanish American Center, interview in Cleveland, Nov. 10, 1980 (hereafter cited as Sanchez and Santiago Interview). The Spanish American Committee is a community-based Hispanic organization that has existed for 15 years. Morales and Clause Interview.

[56] Sanchez and Santiago Interview.

publicized to all potential clients, including minority organizations.[57] He stated that the WRAAA has attempted outreach activities to both American Indian and Hispanic organizations to recruit proposals so that these organizations could become nutrition and social service organizations. To date, these efforts have not resulted in any Hispanic and American Indian awards. American Indian and Hispanic community organization representatives said that they had never been contacted regarding submission of proposals and were actually unaware of the WRAAA's existence or its role in providing services to older persons.[58] They pointed out that in many cases they are already providing the needed services to their communities, but are not receiving any WRAAA funding or assistance. For example, the American Indian Center acts as a referral agency for American Indian older persons, yet it has never received any publicity about WRAAA, advertisements, nor been approached through any outreach efforts to participate in existing WRAAA programs. The center's personnel, in fact, were trying recently to find out about opening a senior nutrition site and were unaware of any services or funding possibilities available through the WRAAA.[59]

Representatives from minority organizations complained further that a major hindrance to their receiving grants is their lack of skill in writing and submitting proposals.[60] According to them, the WRAAA has not attempted to provide the technical assistance needed to help them apply for and receive awards for service for the elderly through the WRAAA or other funding sources in Cleveland.[61]

There are at least two other major barriers to minority organizations' participation as organizations in WRAAA programs.[62]

Before an award can be approved, applicant organizations are expected to have their own money and a guarantee for a continuing source of funding other than the WRAAA.[63] Because many minority organizations have insufficient cash flow, and no guaranteed outside sources of funding, they are rendered virtually ineligible for WRAAA funding.[64] According to a member of the

[57] Alandt and Rowan Interview. According to the director, the WRAAA has occasionally advertised the availability of Title III funds in minority media. Alandt Letter.

[58] On Nov. 21, 1978, and again on Oct. 16, 1979, Paul Alandt represented the Western Reserve Agency on Aging before the A-95 Review Panel of the Northeast Ohio Areawide Coordinating Agency. On both occasions, a representative of Cleveland Hispanic and Indian groups were also presenting Federal grant proposals to the local clearinghouse. Mr. Alandt personally talked with both Hispanic and Indian leaders on each occasion. In neither case did the representatives accept Mr. Alandt's invitation to discuss serving more members of minority groups. Alandt Letter.

[59] Morales and Clause Interview.

[60] Feliciano Interview, Sanchez and Santiago Interview, and Morales and Clause Interview.

[61] Ibid. "Technical assistance cannot be provided if the organization does not request the help after an offer to provide same." Alandt Letter.

[62] Ibid.

[63] Louise Money, member, Western Reserve Area Agency on Aging Advisory Council, interview in Cleveland, Nov. 18, 1980 (hereafter cited as Money Interview). Mrs. Money is chairperson for the multipurpose senior center committee and has been for two separate terms.

[64] According to Paul Alandt, these restrictions are a result of Federal regulations (requiring matching funds) and Ohio regulations allowing

advisory council,[65] preaward discussions with potential minority organizations reveal that it is often difficult, if not impossible, for minority organizations to meet this outside funding criterion. She thought that this was particularly true for smaller and newer minority organizations.[66] Most minority community and service organizations are relatively new compared to the existing white service organizations in Cleveland and are not as well known in the community at large.

The WRAAA received additional funds for advertising and needs assessment in 1978 and, despite its own desire to fund more minority organizations, did not use the money to do so.[67] Although this money was used to fund 10 new nutrition sites and more social services programs,[68] none of it was used to fund American Indian, Asian American, or Hispanic organizations.

Title III-Funded Organizations' Employment Patterns

Data collected from the Western Reserve Area Agency on Aging indicate that minority employees are underrepresented on the staffs of Title III-funded organizations (see table 3.6). Blacks and Hispanics account for 36.2 percent and 2.2 percent, respectively, of all Title III-funded organization employees. American Indians and Asian Americans are not employed by any Title III-funded organization.[69]

Data in table 3.6 also indicate that several Title III-funded organizations have no minorities on their staffs. Some minority community organization representatives believe that low minority aged participation results from the absence of minorities on Title III-funded organizations' staffs, although they concede the effect may vary, depending on the organization and its service area.[70] For example, neither the West Rose Nutrition Site nor the Visiting Nurses Association has any minority employees. The West Rose Nutrition Site has an all-white staff, is located in an all-white community, and serves primarily white participants; therefore, the presence or absence of minority staff may have little or no influence on additional minority aged participation. The Visiting Nurses Association, on the other hand, serves the entire city of Cleveland, and thus, its ability to serve all potential clients properly can be influenced by the absence of minority employees. According to the VNA's director, however, there are no plans to make any special efforts to recruit members of any minority groups as nurses.[71]

public funds to be disbursed only on a reimbursement basis. Alandt Letter.

[65] Money Interview.

[66] Ibid.

[67] Alandt and Rowan Interview.

[68] "In 1978, two black organizations received contracts for social service programs. The Council of Economic Opportunities which was a minority run organization, during this period, received a homemaker contract." Alandt Letter.

[69] 1980 data show that American Indian and Asian Americans are less than 1 percent of this total population of Cleveland.

[70] Feliciano Interview and Sanchez and Santiago Interview.

[71] Janet Price, director, Visiting Nurses Association of Cleveland, interview in Cleveland, Nov. 12, 1980 (hereafter cited as Price Interview). "We *have* attempted to recruit minority nurses and will continue to do so. Unfortunately the City of Cleveland has very few minority nurses with appropriate levels of education for the VNA. Most of the minority nurses have associate degrees from Cuyahoga Community College. That program has *no* courses in Community

An additional concern voiced by minority community organizations, not revealed directly by data presented in table 3.6, is the absence of bilingual personnel in many of the WRAAA's Title III-funded programs.[72] For example, the Federation for Community Planning, a parent agency of the Senior Information Center (SIC), funded to provide information and referral services to all of the elderly in the Cleveland area, does not have a single bilingual employee on its staff.[73] A SIC coordinator claimed that several Hispanics were formerly on the staff, but as they left, SIC was unable to find replacements.[74] The coordinator stated this was a concern because after the loss of its Hispanic employees, the staff had noticed a decline in the number of Hispanics requesting information and referral services either by telephone or on a walk-in basis.[75] He also reported that SIC had never had a bilingual American Indian or Asian American on its staff and was not actively recruiting either.[76]

WRAAA Title III-Funded Compliance Monitoring

Although the WRAAA requires its Title III-funded organizations to have affirmative action plans, it does not enforce compliance through sanctions when minority employment goals or affirmative action plan provisions are unmet.[77] For example, the WRAAA knows that the VNA is not in compliance,[78] yet the association is receiving a funding increase of $25,000 from the WRAAA.[79] Although this increase enables the nurses to visit more sites in minority neighborhoods, as noted earlier, VNA made clear it had no plans to try actively to employ any minority nurses with the increased funding.[80] According to the WRAAA director, the VNA was Title III funded before he became the director and, despite its known noncompliance with its own affirmative action plan, it will probably continue to be Title III funded. He acknowledged that it is doubtful that noncompliance will ever be a cause for limiting or terminating VNA's funding.[81]

The Western Reserve Area Agency on Aging's EEO director stated that he spends about 2 percent of his time on

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Health or clinical experience in home health care. Therefore, we cannot assign those employees to the Title III–B Project on Aging because they do not have the independent skills necessary to provide the level of care needed by the clients of the Project on Aging." Price Letter.

[72] Feliciano Interview and Sanchez and Santiago Interview.

[73] Fred Isaacs, director, Community Information Services, and Martha Miller, coordinator, senior information services, interview in Cleveland, Nov. 11, 1980 (hereafter cited as Isaacs and Miller Interview).

[74] Ibid.

[75] According to the Senior Information Center director, "The absence of bilingual staff is related to our shrinking funding as Community Information Services and attrition. We have not sought to replace staff in order to conserve our funds."

[76] Isaacs and Miller Interview.

[77] Affirmative action plans submitted by Title III-funded organizations must include recruitment procedures to ensure the employment of minority personnel. These must be included with funding proposals. Monitoring is done on a quarterly basis. Alandt and Rowan Interview.

[78] An organization is considered in noncompliance when it is not adhering to nondiscrimination or to its affirmative action plans, when the affirmative action plan is inadequate in relation to objectively determined affirmative action needs, or when it is not complying with civil rights rules and regulations.

[79] Alandt and Rowan Interview.

[80] Price Interview.

[81] Alandt and Rowan Interview.

TABLE 3.6

Persons Employed by Title III-Funded Organizations in Cleveland by Position and Race or Ethnicity: 1980

Organizations/positions	Total	Race or ethnicity of employees: American Indian	Asian American	Black	Hispanic	White
American Red Cross	(4)	(0)	(0)	(1)	(0)	(3)
Program administrator	1	0	0	0	0	1
Secretary	1	0	0	0	0	1
Driver	2	0	0	1	0	1
Calvary Hill Baptist Church[1]	(5)	(0)	(0)	(5)	(0)	(0)
	5	0	0	5	0	0
Catholic Charities[2]	(0)	(0)	(0)	(0)	(0)	(0)
	0	0	0	0	0	0
City of Cleveland Outreach Workers	(11)	(0)	(0)	(4)	(1)	(6)
	11	0	0	4	1	6
Council of Economic Opportunity (CEO)	(23)	(0)	(0)	(11)	(2)	(10)
Site coordinator	7	0	0	4	1	2
Food service aide	14	0	0	7	1	6
Van driver	2	0	0	0	0	2
Federation for Community Planning[3] (Senior Information Center)	(3)	(0)	(0)	(2)	(0)	(1)
Information specialist	2	0	0	2	0	0
Coordinator	1	0	0	0	0	1
Golden Age Centers	(42)	(0)	(0)	(24)	(0)	(18)
Site coordinator	4	0	0	3	0	1
Food service aide	7	0	0	5	0	2
Coordinator	2	0	0	0	0	2
Custodian	6	0	0	5	0	1
Program supervisor	5	0	0	4	0	1
Secretary/clerk	7	0	0	4	0	1
Outreach worker	2	0	0	2	0	0
Social service assistant	1	0	0	0	0	1
Homemaker home health aide	3	0	0	1	0	2
Nurse	3	0	0	0	0	3
Driver	2	0	0	0	0	2
Jewish Community Center	(13)	(0)	(0)	(1)	(0)	(12)
Coordinator	2	0	0	0	0	2
Nurse coordinator	1	0	0	0	0	1
Outreach worker	1	0	0	0	0	1
Secretary	3	0	0	0	0	3
Group worker	1	0	0	0	0	1
Food service aide	3	0	0	0	0	3
Clerical	1	0	0	0	0	1
Custodian	1	0	0	1	0	0

TABLE 3.6 (CONTINUED)
Persons Employed by Title III-Funded Organizations in Cleveland by Position and Race or Ethnicity: 1980

Organizations/positions	Total	Race or ethnicity of employees: American Indian	Asian American	Black	Hispanic	White
Jewish Family Services Association	(12)	(0)	(0)	(3)	(0)	(9)
Program supervisor (health)	1	0	0	0	0	1
Secretary/bookkeeper	1	0	0	0	0	1
Caseworker	1	0	0	0	0	1
Secretary	1	0	0	0	0	1
Driver	1	0	0	0	0	1
Site coordinator	1	0	0	0	0	1
Dietician	1	0	0	0	0	1
Cook	1	0	0	1	0	0
Food service aide	2	0	0	1	0	1
Kitchen aide	1	0	0	1	0	0
Clerical	1	0	0	0	0	1
Martin De Porres Senior Center	(8)	(0)	(0)	(7)	(0)	(1)
Site coordinator	1	0	0	1	0	0
Driver	1	0	0	1	0	0
Food service aide	2	0	0	2	0	0
Janitor	1	0	0	1	0	0
Secretary	1	0	0	1	0	0
Accountant	1	0	0	0	0	1
Executive director	1	0	0	1	0	0
Neighborhood Centers Association[5]	(38)	(0)	(0)	(15)	(0)	(23)
Site coordinator	2	0	0	0	0	2
Driver/outreach	1	0	0	0	0	1
Nutrition aide	1	0	0	0	0	1
Director	1	0	0	0	0	1
Caseworker	1	0	0	1	0	0
Project supervisor	2	0	0	0	0	2
Activities therapist	1	0	0	1	0	0
Social service worker	1	0	0	1	0	0
Secretary	2	0	0	0	0	2
Food service aide	6	0	0	4	0	2
Program supervisor	2	0	0	0	0	2
Nutrition coordinator caseworker	1	0	0	0	0	1
Bookkeeper	1	0	0	0	0	1
Custodian	1	0	0	1	0	0
Nutrition coordinator/outreach worker	1	0	0	1	0	0
Project director	2	0	0	0	0	2
Public information specialist	1	0	0	0	0	1
Activies coordinator	1	0	0	0	0	1
Home health aide	1	0	0	1	0	0
Medical coordinator	1	0	0	0	0	1
Drivers	3	0	0	3	0	0
Dispatcher	1	0	0	0	0	1
Clerk/activities coordinator	2	0	0	1	0	1
Geriatric outreach worker	2	0	0	1	0	1

TABLE 3.6 (CONTINUED)
Persons Employed by Title III-Funded Organizations in Cleveland by Position and Race or Ethnicity: 1980

Organizations/positions	Total	Race or ethnicity of employees: American Indian	Asian American	Black	Hispanic	White
The Salvation Army	(7)	(0)	(0)	(2)	(1)	(4)
Coordinator	1	0	0	0	1	0
Social worker	1	0	0	0	0	1
Outreach worker	2	0	0	2	0	0
Homemaker home health aide	1	0	0	0	0	1
Community worker	1	0	0	0	0	1
Activity worker	1	0	0	0	0	1
Senior Citizens Resources	(30)	(0)	(0)	(1)	(0)	(29)
Executive director	1	0	0	0	0	1
Business manager	1	0	0	0	0	1
Secretary	1	0	0	0	0	1
Site coordinators	2	0	0	0	0	2
Coordinators	3	0	0	0	0	3
Clerks	5	0	0	0	0	5
Drivers	6	0	0	0	0	6
Outreach workers	3	0	0	0	0	3
CETA worker	1	0	0	1	0	0
Kitchen aides	7	0	0	0	0	7
United Labor Agency[2]	(0)	(0)	(0)	(0)	(0)	(0)
	0	0	0	0	0	0
Urban League	(6)	(0)	(0)	(5)	(0)	(1)
Coordinator	1	0	0	1	0	0
Director/program for the elderly	1	0	0	0	0	1
Health coordinator	1	0	0	1	0	0
Driver/outreach	1	0	0	1	0	0
Secretary	1	0	0	1	0	0
Senior aide	1	0	0	1	0	0
West Rose Nutrition Site	(8)	(0)	(0)	(0)	(0)	(8)
Director	1	0	0	0	0	1
Assistant director	1	0	0	0	0	1
Kitchen aides	3	0	0	0	0	3
Office workers	2	0	0	0	0	2
Driver	1	0	0	0	0	1
Visiting Nurses[4]	(13)	(0)	(0)	(0)	(0)	(13)
Director	1	0	0	0	0	1
Nurses	12	0	0	0	0	12
Eagles Nest Nutrition Site	(2)	(0)	(0)	(2)	(0)	(0)
Site coordinator	1	0	0	1	0	0
Food service aide	1	0	0	1	0	0

TABLE 3.6 (CONTINUED)
Persons Employed by Title III-Funded Organizations in Cleveland by Position and Race or Ethnicity: 1980

[1] Job titles unavailable

[2] Employment figures unavailable

[3] According to the director of Community Information Services, the parent agent for the Senior Information Center, "The total Senior Information Center has a staff of 10. Of these 7 are employed through funds other than Title III. The 3 Information Specialists are Black. There are 5 Assistant Senior Information Specialists of which 1 is Black. . . . As Director of Community Information Services, I also administer the Senior Information Center. I am classified as an Asian American." Wilfred A. Isaacs, director, Community Information Services, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 27, 1981, p. 1.

[4] "Although the Title III-funded staff includes no minorities other VNA programs are staffed by minorities." In viewing the Commission report Janet Price, executive director of VNA noted the following staffing patterns: district director, one Asian American; social work director, one black; registered nurses, six blacks and one Asian American; licensed practical nurses, six blacks; counseling associate, one black; secretarial–clerical, seven blacks; geriatric outreach workers, two blacks; maintenance man, one black. Janet Price, executive director, Visiting Nurse Association of Cleveland, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 21, 1981, p. 1.

[5] "The Neighborhood Centers Association has a total staff of sixty-seven persons including funding other than Title III." The director of NCA stated "the following additional staff accurately reflected the NCA's operations:" bookkeeper, 1 white; custodian, 1 white; food service aides, 6 blacks and 11 whites; social service workers, 2 blacks and 2 whites; secretaries, 2 blacks and 3 whites; nutrition coordinator/outreach worker, 1 black; site coordinators, 1 black and 5 whites; case worker, 1 black; cook, 1 hispanic; activities aide, 1 black; clerk activities coordinator, 1 white; geriatric outreach workers, 1 black and 1 white; drivers, 7 blacks and 3 whites; activity therapists, 2 blacks and 6 whites; project directors, 1 Asian and 6 whites; nutrition coordinator/caseworker, 1 white. Lynne Kweder, director, Neighborhood Centers Association, telephone interview, Oct. 29, 1981.

Source: Paul W. Alandt, executive director, Western Reserve Area Agency on Aging, interview in Cleveland, Nov. 18, 1980.

EEO matters, and this is usually only when reports are due.[82] According to him, spending more time on EEO activities is not possible, since he is actually director of operations for the WRAAA, which requires up to 98 percent of his time.[83] He also noted that WRAAA funding policies and the lack of available personnel prohibit placing more emphasis on civil rights compliance.[84] He acknowledged that this could result in Title III-funded organizations continuing their restrictive employment practices toward minorities.[85]

OCoA monitors the WRAAA's Title III-funded compliance program to determine the percentage of awards that are granted to minority organizations.[86] According to the Cuyahoga County's EEO director, the WRAAA has handled its own complaint matters in house; however, the county plans to monitor this program in the future.[87]

Minority Participation in WRAAA-Funded Programs

In its effort to ensure the existence of a comprehensive and coordinated service program for Cleveland's senior population, the WRAAA is responsible for assessing elderly service needs, funding needed services, and for monitoring and evaluating a wide range of social services and nutrition services programs.[88] Federally required services for older persons

[82] Ibid. "Time spent by staff on EEO matters varies." Alandt Letter.

[83] Ibid.

[84] "A staff member spent four months preparing an affirmative action manual under the direction of the Assistant Director/Operations." Alandt Letter.

[85] Alandt and Rowan Interview.

[86] Duren and Hunter Inteview.

[87] Crockett Letter.

[88] WRAAA area plan.

funded by the WRAAA fall into four general categories: access, in-home, legal, and nutrition services.[89] According to regulations governing the Older Americans Act, the WRAAA must spend at least 50 percent of its Title III–B funds on access, in-home, and legal services.[90] Access services provide older persons with better entry to other services.[91] These include, for example, transportation, outreach, and information and referral services. In-home services are provided in the home to help keep older persons in independent living situations and include homemaking, visiting and telephone reassurance, and chore maintenance services.[92] Legal services are required to help increase the availability of legal consultation and representation to older persons.[93] Nutrition services, funded under Title III–C, provide balanced meals to the elderly in either a congregate group or in-home setting.[94] In addition to the required services, the WRAAA also funds several other types of services.[95] Table 3.7 displays the number of older minorities who participated in the WRAAA's service programs during the first quarter of 1980, January 1–March 31. Overall, the data show that of the 17 service programs available to the older people of Cleveland, older minorities generally do not fully participate in most services. Black senior citizens are underrepresented in 11 of the 17 programs, according to their proportion in the eligible population and given their social and economic need. Under the Older Americans Act, service providers are required to give special preference to elderly who are in the most social and economic need.[96]

In 1970, the latest year for which statistics are available, minority aged in Cleveland were more likely than nonminority aged to be economically disadvantaged: 36.0 percent of black seniors were poor, 30.2 percent of Hispanic seniors were poor, and 26.2 percent of white seniors were poor.[97] Asian Americans, American Indians, and Hispanic aged are underrepresented in all services funded by the WRAAA and, in fact, are not participating in most of the services available to older persons in the Cleveland area. Table 3.7 indicates, however, that minority representation in the WRAAA's service program varies depending on the services. In an examination of each of the service categories and services individually, the data show that minorities are more likely to benefit from certain services than from others.

Access Services

Four WRAAA-funded access services are available to older people in Cleve-

[89] 42 U.S.C. §§3030d, 3030e, 3030f (Supp. III 1979).

[90] 45 C.F.R. §1321.187 (1980).

[91] *Id.* at §§1321.107, 1321.161, 1321.171, and 1321.187 (1980).

[92] *Id.* at §1321.187 (1980).

[93] *Id.* at §1321.151 (1980). The WRAAA began awarding Title III–B funds to provide legal services in Cleveland during 1981.

[94] *Id.* at §1321.141 (1980). According to the Older Americans Act, each meal provided in a nutrition program must have a minimum of one-third of the daily recommended dietary allowances, as established by the Food and Nutrition Board of the National Academy of Sciences–National Research Council. 42 U.S.C., 3030e (Supp. III 1979).

[95] WRAAA area plan.

[96] 45 C.F.R. §1321.109 (1980).

[97] 1970 census (unpublished data) and U.S., Department of Commerce, Bureau of the Census, *Characteristics of the Population: Ohio*, vol. 1, pt. 37, sec. 1, tables 24 and 96.

TABLE 3.7

Older Persons Participating in Title III-Funded Services in Cleveland by Race or Ethnicity: January 1–March 31, 1980

Type of service		Total	Race or ethnicity of participants: American Indian	Asian American	Black	Hispanic	White
Access							
Escort	#	609	0	1	43	2	563
	%	(100.0)	(0.0)	(0.2)	(7.1)	(0.3)	(94.6)
Information and referral		4,035	40	0	1,654	162	2,179
		(100.0)	(0.9)	(0.0)	(41.0)	(4.0)	(54.0)
Outreach		13,457	0	1	1,993	395	11,068
		(100.0)	(0.0)	(0.0)	(14.8)	(2.9)	(82.2)
Transportation		2,237	0	0	772	0	1,465
		(100.0)	(0.0)	(0.0)	(34.5)	(0.0)	(65.5)
In-home							
Chore		123	0	1	3	3	116
		(100.0)	(0.0)	(0.8)	(2.4)	(2.4)	(94.3)
Health services		1,859	0	0	337	17	1,505
		(100.0)	(0.0)	(0.0)	(18.1)	(0.9)	(81.0)
Homemaker and home health aide		351	0	4	163	5	179
		(100.0)	(0.0)	(1.1)	(46.4)	(1.4)	(51.0)
Telephone reassurance		222	0	0	32	0	190
		(100.0)	(0.0)	(0.0)	(14.4)	(0.0)	(85.6)
Legal[1]							
Other							
Counseling		1,145	0	1	133	10	1,001
		(100.0)	(0.0)	(0.1)	(11.6)	(0.9)	(87.4)
Education		398	0	0	1	3	394
		(100.0)	(0.0)	(0.0)	(0.3)	(0.7)	(99.0)
Health assessment		754	0	0	226	3	525
		(100.0)	(0.0)	(0.0)	(30.0)	(0.4)	(69.6)
Protective service		1,132	0	0	227	0	905
		(100.0)	(0.0)	(0.0)	(20.0)	(0.0)	(80.0)
Recreation		13,345	1	2	1,011	7	12,324
		(100.0)	(0.0)	(0.0)	(7.6)	(0.0)	(92.3)
Supportive services		1,745	0	0	88	59	1,598
		(100.0)	(0.0)	(0.0)	(5.0)	(3.4)	(91.6)
Volunteers		76	0	0	21	0	55
		(100.0)	(0.0)	(0.0)	(27.6)	(0.0)	(72.4)
Nutrition							
Congregate meals[2]		5,689	2	9	1,648	27	4,003
		(100.0)	(0.0)	(0.1)	(29.0)	(0.5)	(70.4)
Home-delivered		1,003	2	1	405	2	593
		(100.0)	(0.2)	(0.1)	(40.4)	(0.2)	(59.1)

[1] The WRAAA began awarding Title III-B funds for legal services in Cleveland during 1981.

[2] Data for congregate meals provided by Paul W. Alandt, executive director, Western Reserve Area Agency on Aging, telephone interview, Nov. 12, 1981.

Note: Numbers may not add to 100 percent due to rounding.

Source: Data was compiled from information from the WRAAA, Paul W. Alandt, executive director, Western Reserve Area Agency on Aging, interview in Cleveland, Nov. 16, 1980.

land—escort, information and referral, outreach, and transportation services.

Escort: Escort services in Cleveland are limited to escorting senior citizens to social service agencies, nutrition sites, medical appointments, and shopping. Escort services are provided through Title III-funded organizations and nutrition sites in conjunction with their own transportation components. The data in table 3.7 show that black older people accounted for 7.1 percent of the participants in escort services, and Asian American and Hispanic elderly accounted for less than 1.0 percent of the participation. American Indian older persons did not participate in this service at all. One reason given by a community organization representative for low minority participation in the escort service program is that the Title III-funded organizations providing this service do not have minority outreach workers on their staffs. According to her, the absence of minority outreach workers limits the service providers' ability to identify the unserved minority elderly,[98] especially older minorities who speak limited English.

Information and Referral: Information and Referral (I&R) links older persons in need of services to appropriate service providers. Provision of I&R services sufficient to ensure that all "older persons in the planning and service" area have reasonable convenient access to the services is required under Federal regulations.[99] According to the data in table 3.7, Asian American older persons did not receive any I&R services during the first quarter in 1980. American Indian senior citizens accounted for less than 1 percent of the service participants, while the Hispanic aged accounted for 4.0 percent of the participants. Black older persons were the only minority persons to receive I&R services in proportion to their eligible population.

As noted earlier, one primary obstacle to some limited-English-speaking minority older persons receiving the benefits of I&R services is the absence of bilingual staff on the Senior Information Center staff, the only WRAAA funded I&R operation in Cleveland.[100] Data suggest that Asian American, American Indian, and Hispanic older persons have not benefitted greatly from the WRAAA's I&R service program.[101] Black older persons may be receiving services because, in addition to its downtown office, SIC operates four neighborhood sites, two in a black community.

Outreach: Outreach services encourage and help older individuals to use facilities and services available to them. Outreach services include active efforts to identify the unserved older population, to inform them about available commu-

[98] Louise Tymoc, outreach worker, Westside Multipurpose Center, interview in Cleveland, Nov. 12, 1980.

[99] 45 C.F.R. §1321.161 (b) (1980). According to the regulations, "In areas in which a significant number of older persons do not speak English as their principal language, the service provider must provide information and referral services in the language spoken by the older persons." *Id.* at §1321.61(b).

[100] Isaacs and Fuller Interview.

[101] "Eighty-five percent of the work done by the Senior Information Center is via the telephone. It is therefore difficult to accurately identify the race of clients. It is seldom necessary to ask a caller their race to provide service. In our reporting system we have to estimate minority figures based on overall population figures mailed to us from the Census data." Isaacs Letter.

nity resources and services, to assess their needs, and to assist them in gaining access to needed services.[102] Data in table 3.7 indicate that older minorities are receiving outreach services but in numbers far smaller than their representation in the eligible population. Black senior citizens accounted for 14.8 percent of the outreach service recipients. Hispanic older persons accounted for 2.9 percent of the aged who received some outreach services, and Asian American elderly representation was less than 1 percent of the older persons receiving this service. American Indian senior citizens received no outreach services.

Transportation: Transportation to and from community resources and facilities is provided to older persons so that they may apply for and receive other services.[103] Black older people accounted for 34.5 percent and white elderly accounted for 65.5 percent of the service participants. Transportation services are provided by three minority Title III-funded organizations, and according to one of the program directors, this is one reason why minority older persons use the transportation service.[104]

In-Home Service

The WRAAA provides four services to help the aged remain in their own homes and avoid institutionalization. They include chore services, friendly visitors, homemaker and home health aide services, and health and telephone reassurance services.

Chore: The performance of household tasks, essential shopping, household and home repairs, and other light work necessary to enable an older individual to remain at home is covered under chore.[105] Black, Asian American, and Hispanic older persons together accounted for less than 2 percent of the chore service recipients, although one Title III-funded organization is located in a senior housing complex where minorities live.[106]

Health Service: In-home health services funded by the WRAAA include health activities to improve or maintain older persons' health to strengthen their capacity for self-care.[107] Health service activities include health screening and evaluation, health education, supervised physical exercise, counseling, and other health-related assistance and instructions. Older black persons accounted for 18.1 percent of the health service recipients. Hispanic aged accounted for less than 1 percent of the participants. Neither Asian American nor American Indian elderly received any WRAAA-funded in-home health services. The lower percentage of minorities is due to the location of the Title III-funded sites. The sites cover low-income people, but some happen to be in areas where the percent-

[102] Ohio Commission on Aging, standard service definitions under the Older Americans Act (hereafter referred to as OCoA Definitions).

[103] OCoA Definitions.

[104] Larry Rettalick, supervisor of programs and services to the elderly, Cleveland Urban League, interview in Cleveland, Nov. 18, 1980.

[105] OCoA Definitions.

[106] Doris Schawab, executive director, senior citizen resources, Brighton Center, interview in Cleveland, Nov. 18, 1980 (hereafter referred to as Schawab Interview).

[107] The three Title III-funded organizations that provide the service are city governments. They tend to provide these services only in their respective cities and in selected communities in Cleveland.

age of minority residents is slightly lower.[108]

Homemaker and Home Health Aide: Homemaker and home health aide services are designed to provide in-home basic health services to older persons to help maintain, strengthen, and safeguard older persons' personal functioning in their own homes.[109] Black aged were 46.4 percent of the aged participants receiving these services, while Asian American and Hispanic senior citizens accounted for slightly more than 1 percent of the total participants. American Indian older persons received no homemaker services. According to a community representative, one major Title III-funded organization providing this service sponsors several nutrition sites throughout the black community, which may account for the relatively high percentage of black older people participating.[110]

Telephone Reassurance: Telephone reassurance services provide calls at specified times to or from individuals who live alone, to determine whether they are safe and well.[111] Among all service recipients, black elderly accounted for 14.4 percent of the participants. Asian Americans, American Indians, and Hispanic older persons received no benefits from this service.

Other Social Services

Seven other services are provided to the aged with WRAAA funds. These are counseling, education, health assessment, protective services, recreation, supportive services, and volunteer services.[112] Data in table 3.7 show that black older persons are disproportionately underrepresented in five of these services, while Asian American, American Indian, and Hispanic senior citizens are almost completely unserved by these programs. The services with the largest black participation are provided by minority Title III-funded organizations. Health assessment, protective, and volunteer services have the largest black participation and are provided by two minority Title III-funded organizations, the Urban League and East End Neighborhood House, a nutrition site in the black community.

Nutrition Services

The WRAAA's nutrition program provides low-cost, nutritionally balanced meals to senior citizens in the Cleveland metropolitan area.[113] The data in table 3.7 show that black older persons represented 29 percent of the nutrition service recipients. American Indian, Asian American, and Hispanic elderly, together, constituted less than 1 percent of the service recipients in the WRAAA's nutrition programs. These data show that older minorities' participation in the nutrition program is in disproportionately smaller numbers than expected, given their proportion among those in greatest economic and social need.[114]

Nutrition services are provided in both congregate and in-home settings.[115] Congregate nutrition services are provided in one of several types of sites. Nutrition sites may be solely for serving

[108] Price Letter.
[109] OCoA Definitions.
[110] Feliciano Interview.
[111] OCoA Definitions.
[112] WRAAA area plan.
[113] WRAAA area plan.

[114] See discussion of relative poverty among Cleveland's older population in this chapter and definition of greatest economic and social need in glossary in app. A.
[115] 45 C.F.R. §1321.141 (1980).

meals, part of the multifaceted programs located in a multipurpose senior center, or part of the programs located in centers that the WRAAA has designated as community focal points.[116] Table 3.8 identifies the congregate nutrition sites in Cleveland by types and the minority participation percentage at each site by racial/ethnic group.

Congregate Meals: In Cleveland 35 service providers are funded to provide hot meals 5 days a week in 50 congregate settings (see table 3.8). Three providers—Golden Age Centers (GAC), Council of Economic Opportunity (CEO), and Neighborhood Centers Association (NCA)—sponsor a total of 21 nutrition sites. Each site uses the same menu and has allocated to it a certain number of meals, delivered each day by a caterer.

Data in table 3.8 show that black older persons tend to participate in nutrition programs where they are the clear majority of participants. American Indian, Asian American, and Hispanic older persons do not have a nutrition site in which they represent a majority of patrons and are absent from centers in which whites or blacks are the majority.[117]

Nutrition programs are supposed to develop outreach services to people who might want to participate and to offer recreation activities, information and referral services, and health and welfare counseling in addition to meals.[118] Many of these services, however, are available to the elderly only at centers that have been designated as focal point centers by the WRAAA.[119] Most minority participation in the nutrition program occurs at sites that only serve meals or a limited number of additional activities.[120]

Home-Delivered Meals: Home-delivered meals are provided to those seniors who cannot attend the congregate meal program.[121] Table 3.7 shows that black senior citizens accounted for 40.4 percent of the participants in the home-delivered meals program. Asian American, American Indian, and Hispanic older persons together accounted for less than 1 percent of the participants in the home-delivered meals programs.

Multipurpose Senior Centers and Focal Points: The WRAAA began designating focal points in 1979.[122] Since that time six multipurpose senior centers in Cuyahoga County have been designated as focal points; three are in Cleveland. Despite the large black population in Cleveland, no focal point center in the city serves the black community. Hispanic elderly participate at one focal point center which is located in a white community, but has a sizable Hispanic elderly population that lives nearby. The three focal points in Cleveland are Deaconness Krafft (Brighton) Complex, Downtown Project for Older Persons, and West Side Community Center.

[116] WRAAA area plan. See app. A for the definition of multipurpose senior center and community focal point.

[117] Hispanics participate in substantial numbers at only one nutrition site—the West Side Community House. This center's meals program is funded through Title XX.

[118] Alandt and Rowan Interview.

[119] WRAAA area plan.

[120] Birdell Byars, nutrition site coordinator, Hough Nutrition Site, and Demetra Shepherd, nutrition site coordinator, Glenville Nutrition Program, interviews in Cleveland, Nov. 13 and 17, 1980.

[121] 45 C.F.R. §1321.141 (1980).

[122] WRAAA area plan.

TABLE 3.8

Participation at Title III-Funded Nutrition Sites in Cleveland by Race or Ethnicity: January–March 1981

Nutrition sites		Race or ethnicity of participants					
		Total	American Indian	Asian American	Black	Hispanic	White
Golden Age Centers							
Addison Towers Nutrition Program	#	102	0	0	102	0	0
	%	(100.0)	(0.0)	(0.0)	(100.0)	(0.0)	(0.0)
Bing Nutritional Program		114	1	0	93	0	20
		(100.0)	(0.9)	(0.0)	(81.6)	(0.0)	(17.5)
Ernest J. Bohn Nutrition Program		172	0	0	159	0	13
		(100.0)	(0.0)	(0.0)	(92.4)	(0.0)	(7.6)
King Kennedy I Nutrition Program		97	0	0	97	0	0
		(100.0)	(0.0)	(0.0)	(100.0)	(0.0)	(0.0)
King Kennedy II Nutrition Program		36	0	0	36	0	0
		(100.0)	(0.0)	(0.0)	(100.0)	(0.0)	(0.0)
Lorain Square Nutrition Program		260	0	0	0	0	260
		(100.0)	(0.0)	(0.0)	(0.0)	(0.0)	(100.0)
Willson Towers Nutrition Site		64	0	0	62	0	2
		(100.0)	(0.0)	(0.0)	(96.9)	(0.0)	(3.1)
James H. Woods Nutrition Program		113	0	0	19	0	94
		(100.0)	(0.0)	(0.0)	(16.8)	(0.0)	(83.2)
Wade Extension Nutrition Program		50	0	0	49	0	1
		(100.0)	(0.0)	(0.0)	(98.0)	(0.0)	(2.0)
Council of Economic Opportunity							
Calvary Reformed Nutrition Program		84	0	0	0	0	84
		(100.0)	(0.0)	(0.0)	(0.0)	(0.0)	(100.0)
Franklin Circle Nutrition Program		57	0	0	0	0	57
		(100.0)	(0.0)	(0.0)	(0.0)	(0.0)	(100.0)
Glenville Nutrition Program		63	0	0	63	0	0
		(100.0)	(0.0)	(0.0)	(100.0)	(0.0)	(0.0)
Hough Nutrition Program		76	1	1	53	21	0
		(100.0)	(1.3)	(1.3)	(69.7)	(27.6)	(0.0)
Karimu Nutrition Program		116	0	0	113	0	3
		(100.0)	(0.0)	(0.0)	(97.4)	(0.0)	(2.6)
LaRonde Nutrition Program		60	0	0	10	0	50
		(100.0)	(0.0)	(0.0)	(16.7)	(0.0)	(83.3)
Villa Mercedes Nutrition Program		318	0	0	0	1	317
		(100.0)	(0.0)	(0.0)	(0.0)	(0.3)	(99.7)
Neighborhood Centers Association[3]							
Collinwood Community Service Center		219	0	0	14	0	205
		(100.0)	(0.0)	(0.0)	(6.4)	(0.0)	(93.6)
East End Neighborhood House		148	0	0	93	0	55
		(100.0)	(0.0)	(0.0)	(62.8)	(0.0)	(37.2)
Tremont Nutrition Program		127	0	0	2	1	124
		(100.0)	(0.0)	(0.0)	(1.6)	(0.8)	(97.6)
Goodrich—Gannett Senior Service Center		452	0	0	53	1	398
		(100.0)	(0.0)	(0.0)	(11.7)	(0.2)	(88.1)
Harvard Community Center		177	0	0	151	0	26
		(100.0)	(0.0)	(0.0)	(85.3)	(0.0)	(14.7)
Merrick Clark Fulton Adult Day Care		221	0	0	1	17	203
		(100.0)	(0.0)	(0.0)	(0.5)	(7.7)	(91.8)
North Broadway		170	0	0	0	0	170
		(100.0)	(0.0)	(0.0)	(0.0)	(0.0)	(100.0)

TABLE 3.8 (CONTINUED)

Participation at Title III-Funded Nutrition Sites in Cleveland by Race or Ethnicity: January–March 1981

Nutrition sites		Race or ethnicity of participants					
		Total	American Indian	Asian American	Black	Hispanic	White
Simpson Nutrition Program	#	240	0	0	1	0	239
	%	(100.0)	(0.0)	(0.0)	(0.4)	(0.0)	(99.6)
University Settlement Nur. Prog.		191	0	0	0	0	191
		(100.0)	(0.0)	(0.0)	(0.0)	(0.0)	(100.0)
Calvary Hill Nutrition Program		68	0	0	63	0	5
		(100.0)	(0.0)	(0.0)	(92.6)	(0.0)	(7.4)
Senior Citizen Resources							
Deaconness Krafft (Brighton[2])		733	0	0	2	1	730
		(100.0)	(0.0)	(0.0)	(0.3)	(0.1)	(99.6)
Crestview Senior Center		398	0	0	0	0	398
		(100.0)	(0.0)	(0.0)	(0.0)	(0.0)	(100.0)
Downtown Project Older Adults[2]		383	0	0	186	0	197
		(100.0)	(0.0)	(0.0)	(48.6)	(0.0)	(51.4)
Eagles' West Adult Day Care		185	0	0	185	0	0
		(100.0)	(0.0)	(0.0)	(100.0)	(0.0)	(0.0)
Holy Trinity Baptist Church		101	0	8	93	0	0
		(100.0)	(0.0)	(7.9)	(92.1)	(0.0)	(0.0)
Lupica Towers		183	0	0	93	0	90
		(100.0)	(0.0)	(0.0)	(50.8)	(0.0)	(49.2)
Martin de Porres Center		204	0	0	199	0	5
		(100.0)	(0.0)	(0.0)	(97.5)	(0.0)	(2.5)
West Park Salvation Army		130	0	0	5	0	125
		(100.0)	(0.0)	(0.0)	(3.8)	(0.0)	(96.2)
Westrose Nutrition Program		278	1	0	0	0	277
		(100.0)	(0.4)	(0.0)	(00.0)	(0.0)	(99.6)
West Side Community House[2,3]		160	3	0	21	29	107
		(100.0)	(0.1)	(0.0)	(13.1)	(18.1)	(68.7)

[1] Indicates a multipurpose senior center.

[2] Indicates a focal point senior center.

[3] The Neighborhood Centers Association also sponsors the West Side Community House which is Title XX-funded Data for West Side Community House were provided by Lynne Kweder, director, Neighborhood Centers Association, telephone interview, Oct. 29, 1981.

Note: Numbers may not add to 100 percent due to rounding.

Source: Western Reserve Area Agency on Aging, Contract Summary for Nutrition Services.

Deaconness Krafft (Brighton) Complex is a focal point center located in a white community on the west side of Cleveland. Because of its location, the center primarily serves white elderly participants. The center's director noted that the center would be moving soon into a new complex[123] that will provide a wide range of activities for the elderly.[124] According to the director, although the new center will be located near the Hispanic community of Dennison, Hispanic elderly probably will not be able to use this center to any great extent because the current participation boundaries are set up by the WRAAA in such a way that transportation is not provided to the Dennison area.[125] Therefore, Hispanic elderly will not be provided the opportunity to come to the new multipurpose center unless they can provide their own transportation, and thus, the beneficiaries of the new center will be whites.

Downtown Project for Older Persons is a focal point located in the downtown section of the city. Despite being on the east side of Cleveland, according to the nutrition site coordinator, the center serves only a few elderly minorities, with whites making up the majority of its participants.[126]

West Side Community House is a focal point located on the near west side of the city near the Cuyahoga River. The center is located in a white community, but it serves primarily Hispanic elderly participants. According to the center's director, although the center has been designated a focal point, it has not received many of the resources that were promised by the WRAAA, such as a van driver and three outreach workers.[127]

Service Planning, Program Evaluation, and Monitoring

American Indians and Asian Americans are absent from the WRAAA's planning process. For example, area plan hearings for fiscal years 1981–83 were held August 12–18, 1980, and although blacks and Hispanics participated in the planning process and gave testimony on the plans, Asian Americans and American Indians did not.[128] A Hispanic community representative testified at the hearing on the lack of Hispanic participation in WRAAA programs, the lack of printed material in Spanish, and the absence of Hispanic or bilingual outreach workers to serve Hispanic older persons.[129]

Despite the low participation rates by minorities in service programs, the WRAAA has placed only limited empha-

[123] The WRAAA director noted that his agency does not control the location of new senior centers. He stated that a "New Center can only be built when two-thirds of the funds are raised locally to be matched by one-third Ohio Commission on Aging funds. The Western Reserve Area Agency on Aging does not control sufficient funds to provide the two-third local share." Alandt Letter.

[124] Schawab Interview.

[125] Ibid.

[126] Rosemary Zamiski, nutrition site coordinator, downtown project for the elderly, interview in Cleveland, Nov. 18, 1980.

[127] John Mattingly, executive director, West Side Community Center, interview in Cleveland, Nov. 14, 1980 (hereafter cited as Mattingly Interview). According to the WRAAA director, "The Western Reserve Area Agency on Aging did get the Center to use the already existing Spanish outreach worker of the Mayor's Commission on Aging. No other centers received Western Reserve Area Agency on Aging funds for additional van drivers during this period." Alandt Letter.

[128] WRAAA area plan.

[129] Ibid.

sis on the provision of technical assistance to help service providers increase minority participation. WRAAA staff said that the only technical assistance it has provided to increase minority participation in services was an inservice workshop on culture and aging.[130]

Summary

Minorities in Cleveland were generally underrepresented in all phases of Title III-funded programs for older Americans administered by the Western Reserve Area Agency on Aging. An examination of the membership of the WRAAA advisory council revealed that 9 of the 43 members were black. No American Indians, Asian Americans, or Hispanics had been selected to serve on the area agency's advisory council.

Blacks were the only minority persons employed by the Western Reserve Area Agency on Aging. American Indians, Asian Americans, and Hispanics did not hold any WRAAA jobs. Black representation on WRAAA staff was a direct result of a deliberate effort by the area agency to increase minority representation. Despite inclusion of Hispanics as a target group in its affirmative action plan, the Western Reserve Area Agency on Aging had thus far failed to hire any Hispanic employees.

Black organizations were the only minority agencies receiving funds from the Western Reserve Area Agency on Aging. Three black organizations received 10 percent of the Title III–B (social services) funds awarded in Cleveland, and four black organizations received 11 percent of the Title III–C (nutrition) funds awarded. Minority agencies cited lack of outreach and technical assistance as major reasons for minimal minority representation among Title III-funded organizations. According to many minority representatives, without more intensive efforts by the WRAAA in outreach and technical assistance, minority organizations were likely to continue to lag far behind other organizations in obtaining awards. Other factors that appeared to limit the number of minority organizations are a Federal regulation requiring matching funds and an Ohio regulation that public funds can be dispersed only on a reimbursement basis.

Although most Title III-funded organizations employed relatively few minorities on their staffs, Western Reserve Area Agency on Aging had not required Title III-funded organizations to increase minority employment. Generally, organizations without minority employees had not been censured. For example, the WRAAA was increasing the funding of the Visiting Nurses Association although this Title III-funded organization had no minority nurses in its Title III-funded program.

In almost every Title III-funded service, Cleveland's minority elderly were being underserved in relation to their representation in the eligible population in Cleveland and even more so in relation to their relative social and economic needs. Black senior citizens participated in all Western Reserve Area Agency on Aging-funded social services, but they were underrepresented in 10 of the 17 services. Asian American elderly participated in 8 of the 17 services but constituted less than 1 percent in 7 of the 8. American Indian elderly participated in four services at less than 1 percent.

[130] Alandt and Rowan Interview.

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Hispanics participated in 13 services, always in very low percentages.

Minority older persons also were not being fully served by the Western Reserve Area Agency on Aging's nutrition program. Asian American and American Indian older persons were participating in nutrition programs at a rate of less than 1 percent.

Minorities were not participating fully in multipurpose and focal point centers in Cleveland that provided a wider variety of social service programs. The Western Reserve Area Agency on Aging began designating focal points in 1979. Three focal points were located outside Cleveland and three were located in Cleveland. Only one of the three centers in Cleveland served a predominantly minority clientele. The one center that served the Hispanic aged lacked the full resources of a focal center. Another focal point center, Deaconness Krafft Complex (Brighton), was located near a Hispanic community. Hispanic elderly were less likely to use its services because established transportation boundary lines did not include their area. The factors that appeared to affect minority participation in Cleveland included whether the service provider was a minority organization, the extent of minority employment by service providers, and the service location.

Chapter 4

Bridgeport, Connecticut

Demographic Profile

Bridgeport, the largest city in Connecticut,[1] is located in Fairfield County. According to the 1980 census, the total population of Bridgeport was 142,546, of whom 98,195 were white (68.9 percent), 29,898 were black (21.0 percent), 289 were American Indian (0.2 percent), and 778 were Asian and Pacific Island American (0.5 percent)[2] (see table 4.1). Data pertaining to Hispanics[3] were tabulated separately and individuals of this background were identified as persons of Spanish origin. In 1980, 26,677 persons (18.7 percent) in Bridgeport, both blacks and whites, identified themselves as persons of Spanish origin.[4]

Bridgeport has a sizable population of citizens 60 years and older.[5] According to the 1970 census, the most recent figures available by age categories, 25,721 persons were 60 years old and older,[6] or 16.4 percent of the total population. Of this number, 1,506 (5.8 percent) were black and 99 (0.4 percent) were other minority[7] (see table 4.2). Of the persons identified as persons of Spanish language in 1970, 528 (3.7 percent) were 60 years and older.[8]

The Southwestern Connecticut Agency on Aging (SWAA) is the designated area agency on aging for the Southwestern Connecticut Planning and Service Area, which includes 14 towns in Fairfield

[1] According to the 1980 census, Bridgeport has a larger population than Hartford, the capital city of Connecticut. U.S., Department of Commerce, Bureau of the Census, *Advance Reports,* Connecticut, 1980 Census of Population and Housing, table 1 (hereafter cited as the *1980 Census of the Population).*

[2] Ibid.

[3] See glossary.

[4] *1980 Census of the Population.*

[5] See Introduction, chap. 1.

[6] U.S., Department of Commerce, Bureau of the Census, 1970 Census of Population, vol. 1, part 8, *Characteristics of the Population: Connecticut,* table 24, p. 21 (hereafter cited as *1970 Census of the Population).*

[7] Ibid. Blacks were the only racial minority group counted separately in the 1970 census. American Indians and Asian and Pacific Island Americans were counted under the category of "other."

[8] Ibid., table 96, p. 306. In the 1970 and 1980 census, data pertaining to Hispanics were not tabulated as part of the total population count. The 1970 census classified black, and white, Hispanics as persons of Spanish language whereas the 1980 census identified them as persons of Spanish origin.

TABLE 4.1
General Population of Bridgeport by Race or Ethnicity: 1980

Race or ethnicity	General population Number	Percent
American Indians/Alaskan Natives	289	0.2%†
Asian and Pacific Island Americans	778	0.5
Blacks	29,898	21.0
Other	13,386	9.4
Whites	98,195	68.9
Total	142,546	100.0%
Hispanics[1]	26,677	18.7%

† This can be interpreted as follows: In 1980, 289 or 0.2 percent of Bridgeport's population was American Indian/Alaskan Native.

[1] Persons of Spanish origin (Hispanics) are also include in the racial categories of this table. The U.S. Bureau of the Census estimates that in 1980, 55.6 percent of Hispanics identified themselves as white, 2.7 percent as black, 0.6 percent as American Indian/Alaskan Native, 1.1 percent as Asian and Pacific Island American, and 40.0 percent refused to identify themselves as one of these races and instead classified themselves as "other." U.S., Department of Commerce, Bureau of the Census, *Commerce News*, Feb. 23, 1981, table 3.

Source: U.S., Department of Commerce, Bureau of the Census, *Advance Reports, Connecticut, 1980 Census of Population and Housing*, table 1.

County, of which Bridgeport is the largest.[9] Although only about 26 percent of the total population 60 years and older in the planning and service area (PSA)[10] resided in Bridgeport in 1980, the city had the highest proportion of older minorities. In 1980, 47 percent of all older blacks and 42 percent of all older Hispanics in the PSA resided in Bridgeport.[11]

Southwestern Connecticut Agency on Aging

The Southwestern Connecticut Agency on Aging was established in 1974 as a private, nonprofit organization to develop a coordinated system of services to older persons in Fairfield County.[12] Monies for the SWAA are obtained from Older Americans Act Title III funds, non-Federal matching funds, and other resources.[13] SWAA's Title III budget allocation was $681,942. In addition to Title III funds the agency received $141,282 in non-Federal matching funds. Other resources, e.g., United Way, not included in SWAA's budget, but which provided supplemental funding to SWAA-funded social service programs, totaled $178,116. The total SWAA budget for fiscal year 1980 was $823,224 and the major source of project funding was Title III–B social

[9] State of Connecticut, Department on Aging, *Annual Report 1980*, app. J, p. 3.

[10] Ibid. Also see glossary for definition of planning and service area.

[11] Ibid.

[12] Clifford Laube, director, Southwestern Connecticut Agency on Aging, interview, Oct. 27, 1981 (hereafter cited as Laube Interview).

[13] Southwestern Connecticut Agency on Aging, *Area Plan for Programs on Aging under Title III of the Older Americans Act for the Southwestern Connecticut Planning and Service Area* (Oct. 1, 1980 to Sept. 30, 1983), p. 9.

TABLE 4.2
Elderly Population of Bridgeport by Race or Ethnicity: 1970

Race or ethnicity	Population 60 years and older Number	Percent
American Indians/Alaskan Natives	*	
Asian and Pacific Island Americans	*	
Blacks	1,506	5.8%†
Other	99	0.4
Whites	24,116	93.8
Total	25,721	100.0%
Hispanics'	528	3.7%

† This can be interpreted as follows: In 1970, 1,506 or 5.8 percent of Bridgeport's elderly population was black.

* In 1970 American Indians/Alaskan Natives, and Asian and Pacific Island Americans were included in the category of other.

' Persons of Spanish origin (Hispanics) are also included in the racial categories of this table. The U.S. Bureau of the Census estimates that in 1970, 93.3 percent of Hispanics identified themselves as white, 5.0 percent as black, 0.3 percent as American Indian/Alaskan Native, 0.4 percent as Asian and Pacific Island American, and 1.0 percent refused to identify themselves as one of these races and instead classified themselves as "other." U.S., Department of Commerce, Bureau of the Census, *Commerce News*, Feb. 23, 1981, table 3.

Source: U.S., Department of Commerce, Bureau of the Census, *Characteristics of the Population: Connecticut*, 1970 Census of Population, vol. 1, part 8, table 24, p. 21.

services revenues under the Older Americans Act.[14]

Southwestern Connecticut Agency on Aging Advisory Council

Federal Older Americans Act regulations[15] mandate that the Southwestern Connecticut Agency on Aging have an advisory council. As an incorporated nonprofit private organization,[16] SWAA also has a board of directors. The membership of each group includes community representatives. New advisory council members are selected by current members of the advisory council and serve 2-year terms.[17] Board of director members

[14] Ibid., p. 9. During calendar year 1980 the Connecticut State Department on Aging had direct fiscal responsibility for the nutrition programs operating throughout the PSA. A total of 18 meal sites were funded at $506,569 in 1980. This responsibility was transferred to SWAA in January 1981. Salvation Army Greater Bridgeport Elderly Nutrition Program, under Title III–C of the Older Americans Act, exhibit A–1, p. 19.

[15] 45 C.F.R. §1321.97 (1980).

[16] Chris Lewis, administrative assistant, Office of the Commissioner, State of Connecticut, Department of Aging, telephone interview, Sept. 22, 1981 (hereafter cited as Lewis Telephone Interview).

[17] Advisory council of the Southwestern Connecticut Agency on Aging, Inc., bylaws, art. II, §2, p. 1. According to the advisory council bylaws, new members are to be selected from program participants and the general public, including low-income and minority persons. Half of the membership is to consist of service consumers. Members are recruited by the nominating committee of the council which consists of four members of the advisory council. Recommendations are solicited from the chief officer of each town, committees on aging, municipal agents, and service providers. The nominating committee then submits the recommendations at the annual meeting for final selection by members. Terms of membership are staggered so that half of the members are selected each year.

are selected by the advisory council and serve 3-year terms.[18]

The advisory council makes recommendations and advises SWAA on the allocation of funds, preparation of the area plan,[19] and legislation of interest to older persons.[20] The council has 30 members: 22 are white (73.3 percent), 7 are black, including the chairperson, (23.3 percent), and 1 is Hispanic (3.3 percent).[21]

As an incorporated organization SWAA has a board of directors to conduct its business.[22] The SWAA board of directors makes all important policy decisions, e.g., what programs are to be funded or not funded by SWAA.[23] Of 20 persons on the board, 15 are white (75.0 percent), 4 are black (20.0 percent), and 1 is Hispanic (5.0 percent).[24] In 1980 there were neither American Indians nor Asian Americans on either the advisory council or the board of directors.

Employment Practices of the Southwestern Connecticut Agency on Aging

Minority Representation on SWAA Staff

The SWAA had seven full-time and four part-time staff (see table 4.3) in 1980. Of the seven full-time employees, three were minorities: two were black and one Hispanic.[25] The minorities were employed in the professional staff positions of field coordinator and Title V program coordinator. Whites on the staff fill the positions of agency director, associate director, secretary, and bookkeeper. Part-time staff were 50 percent minority, with one black office aide and a black janitor. Two whites were employed as part-time receptionists. No Hispanics held part-time positions[26] (see table 4.3).

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[18] Southwestern Connecticut Agency on Aging, bylaws, art. II, §3, p. 1.

[19] See glossary.

[20] 45 C.F.R. §1321.97 (1980).

[21] Laube Interview. SWAA list of advisory council membership.

[22] Lewis Telephone Interview.

[23] According to the SWAA bylaws the board of directors is empowered to conduct the agency's business. The board is authorized:

> to develop a comprehensive plan and coordinated service system for older persons within the area; to evaluate existing programs; to review applications and allocate funds for local or regional programs in accordance with the area plan; to coordinate existing social services and mobilize available community resources to meet the needs of the elderly; and to administer a program or programs of coordination, assessment and monitoring of service delivery to the elderly to prevent inappropriate institutionalization.

Southwestern Connecticut Agency on Aging, bylaws, art. V, §4, p. 4., art. I, §1, p. 1. Board members are to be individuals, preferably over 60 years of age, and representatives of planning agencies. Individuals who are paid staff of agencies funded by the SWAA may not serve on the board of directors. *Id.*, art. II, §§2 and 3, p. 1.

[24] Laube Interview. Also SWAA listing of the board of directors.

[25] Laube Interview. Presently and in the past, American Indians and Asian Americans have not been employed by the SWAA.

[26] Recruitment for vacancies with the SWAA is handled jointly by members of the advisory council, the board of directors, and the SWAA director. Position descriptions and requirements for available jobs are initially reviewed by the SWAA affirmative action committee. The affirmative action committee's major function is to evaluate position descriptions and requirements for factors not essential to job performance that can be exclusionary. For example, educational requirements for certain positions might be waived. Following the affirmative action committee's review, vacancy announcements are sent to all Title III-funded programs, and other service organizations in the Bridgeport area, including

TABLE 4.3
Employees of the Southwestern Connecticut Agency on Aging by Position and Race or Ethnicity: 1980

Positions	Total	Race or ethnicity of employees: American Indian	Asian American	Black	Hispanic	White
Full time						
Director	1	0	0	0	0	1
Associate director	1	0	0	0	0	1
Field coordinator	2	0	0	1	1	0
Title V coordinator	1	0	0	1	0	0
Bookkeeper	1	0	0	0	0	1
Secretary	1	0	0	0	0	1
Subtotal	7	0	0	2	1	4
Part time						
Receptionist	2	0	0	0	0	2
Office aide	1	0	0	1	0	0
Janitor	1	0	0	1	0	0
Subtotal	4	0	0	2	0	2
Grand total	11	0	0	4	1	6
Percentages	(100.0)	(0.0)	(0.0)	(36.3)	(9.0)	(54.5)

Source: Cliff Laube, director, Southwestern Connecticut Agency on Aging, interview, Oct. 27, 1980.

The participation of minorities as professionals on the SWAA staff is a recent development, resulting from a new hire and a promotion in 1980. Before 1980 no minorities were employed by SWAA on a part-time basis and none were employed as field coordinators.[27]

Affirmative Action

According to the SWAA director, the SWAA is required by the Connecticut State Department on Aging to have an affirmative action plan (AAP).[28] In 1980 the SWAA's affirmative action plan contained numerical goals for hiring one black or Hispanic male professional, but no timetables.[29] There were no goals for hiring American Indians or Asian Americans. The agency's programmatic goals included: ongoing training and education of the staff to encourage upward mobility by September 30, 1981, and the review of the agency's affirmative action progress by July 31, 1981.[30] Affirmative action monitoring activities included the "review [of] grantees' performance in hiring and service provision. . ." by October 1, 1980.[31] Goals and timetables for upward mobility training and education of staff

minority organizations. The SWAA director makes the final choice.

[27] State of Connecticut, Department on Aging, "Area Agencies on Aging Quarterly Report," Southwestern Connecticut for period Oct. 1, 1978 through Sept. 30, 1979.

[28] Clifford Laube, SWAA director, telephone interview Feb. 17, 1980 (hereafter cited as Laube Telephone Interview).

[29] Southwestern Connecticut Agency on Aging, "Updated Affirmative Action Plan 1980" (hereafter cited as 1980 Updated Affirmative Action Plan). The SWAA director noted that although goals and timetables are not required by the State, SWAA's affirmative action plan does contain both.

[30] 1980 Updated Affirmative Action Plan.

[31] Ibid.

and affirmative action monitoring of Title III-funded organizations were reportedly met for 1980.[32] Preparation of the affirmative action plan and review of plans submitted by Title III-funded organizations are carried out by an affirmative action officer.[33]

Title III Funds Awarded by the Southwestern Connecticut Agency on Aging

In 1980 the SWAA awarded funds to a variety of program sponsors, nine of which provided services to the city of Bridgeport.[34] Older persons were recipients of day care, outreach, home maintenance, clinical assessment, legal services, transportation services, escort services, and other social services under Title III–B funding[35] (see table 4.4).

Minority Representation Among Title III-Funded Organizations

Two of the nine Title III-funded organizations in Bridgeport are minority organizations—the Federation of Neighborhood Councils (FNC) and the Spanish American Development Agency (SADA).[36] Of the total $332,331 in Title III–B funds dispensed in Bridgeport, $124,532, or 37.5 percent, was received by the two minority-operated organizations.[37]

The Federation of Neighborhood Councils received its first award in 1976 to provide outreach services to older persons.[38] The FNC received a total of $90,527 or 27.2 percent of Title III funds awarded in Bridgeport in 1980.[39]

The Spanish American Development Agency received its first award in 1979 to establish a senior center.[40] In 1980, SADA was awarded $33,996, or 10.2 percent, of the Title III funds in Bridgeport.[41] In 1980, FNC's award was utilized to operate the agency's neighborhood senior services outreach program, the frail elderly program, and to assist in renovations at the Bethune Senior Citizen Center.[42]

Neighborhood Senior Services Outreach (NSSO) provided outreach and a variety of social services (e.g., transportation, escort services, counseling, and information and referral).[43] NSSO's budget was $22,017.[44] The frail elderly program (FEP) provides day care, coun-

[32] Ibid.

[33] Ibid.

[34] See glossary for definition of Title III-funded organizations. A total of $579,014 in Title III funds was dispensed in the Southwestern Connecticut area through SWAA. SWAA distributes Older Americans Act resources through the awarding of grants. Clifford Laube, director, SWAA, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 21, 1981.

[35] *Annual Report 1980*, app. D., pp. 1–3. The program sponsors providing services to older Bridgeport residents were: Federation of Neighborhood Councils; Family Services-Woodfield, Inc.; Easter Seal Rehabilitation Center; Spanish-American Development Agency; Jewish Family Services, Inc.; Connecticut Legal Services, Inc.; Salvation Army; Department of Aging, Bridgeport; and the Connecticut Community Care, Inc.

[36] Laube Interview.

[37] *Annual Report 1980*, app. D, pp. 1–3.

[38] Serke Telephone Interview, June 2, 1981.

[39] *Annual Report 1980*, app. D, pp. 1–3.

[40] Serke Telephone Interview, June 2, 1981.

[41] *Annual Report 1980*, app. D, pp. 1–3.

[42] Ibid. and Laube Interview.

[43] Southwestern Connecticut Area Agency on Aging, Backgound Summary on Service Programs for Older Persons, prepared for the board of directors technical review committee, n.d. (hereafter cited as Background Summary on Service Programs for Older Persons).

[44] *Annual Report 1980*, app. D, pp. 1–3.

TABLE 4.4
Title III-B (Social Services) Awards in Bridgeport: 1980

Organizations	Amount	Minority (X)	Types of Service
Connecticut Community Care Inc.	$ 30,250		Clinical assessment and monitoring
Connecticut Legal Services, Inc.	19,500		Legal services
Department of Aging (Bridgeport)	14,050		Health services
Easter Seal Rehabilitation Center	62,000		Health care, transportation
Family Services—Woodfield, Inc.	57,702		Home maintenance and repair
Federation of Neighborhood Councils	90,527	X	Outreach, counseling and therapy, social services
Jewish Family Service, Inc.	13,125		Social services
Spanish American Development Agency	33,996	X	Social services, escort services
The Salvation Army of Greater Bridgeport Elderly Nutrition	11,181		Social services
Total	$332,331		

Source: Southwestern Connecticut Area Agency on Aging, "FY 1980 Title III-B Grants," n.d.

seling, and supportive services to mentally and physically frail older persons.[45] FEP's budget was $58,260.[46] The Bethune Senior Citizens Center relocated in 1980 and utilized $10,250 for renovations.[47]

SADA's award supported two programs, the Spanish Senior Service Center (SSSC) and the Spanish elderly escort service (SEES). SSSC provides social services and SEES transportation and escort service mostly to older Hispanics.[48] SSSC's budget was $27,746 and SEES's $6,250.[49]

SWAA Title III Award Process

The Southwestern Connecticut Agency on Aging publicizes requests for proposals once a year, about October 1, the beginning of the Federal fiscal year. Award proposals are reviewed at three levels—by the field coordinators,[50] the board of directors' technical review committee (TRC), and the advisory council.[51] In addition to informing organizations

[45] Background Summary on Service Programs for Older Persons.
[46] *Annual Report 1980*, app. D, pp. 1–3.
[47] Ella Jackson, director, Bethune Senior Citizen Center, interview, Oct. 28, 1980, and *Annual Report 1980*, app. D, pp. 1–3. The agency on aging may award social service funds to a public or private agency to acquire, lease, or renovate a facility for use as a multipurpose senior center. 45 C.F.R. §1321.121 (1980).
[48] Background Summary on Service Programs for Older Persons.
[49] *Annual Report 1980*, app. D., pp. 1–3.
[50] Laube Interview. Prior to the establishment of these positions, the SWAA director was responsible for informing the public when Title III funds were available.
[51] Serke Telephone Interview, June 2, 1981.

when funds are available and requesting bids, field coordinators[52] also review the applications for required technical content (e.g., budget data) and prepare summary statements pertaining to the organizations for the technical review committee of the SWAA board of directors.[53] The TRC then reviews the award application for relevancy of the service proposed and the projected scope of service(s). The advisory council then reviews the TRC's funding recommendations and may suggest alternative funding preferences. Final selections, however, are made by the TRC.[54]

Generally, for those minority organizations interested in Title III funding, but unfamiliar with SWAA and its award process, technical assistance is available through the field coordinators.[55] In addition, in 1980 the SWAA and minority organizations jointly sponsored an all-day access workshop to promote minority organization participation in the award process.[56] Following the workshop, one black organization received an award to provide transportation services, according to SWAA's associate director. Also, the access workshop will be presented again when more[57] funds are available.

[52] Ibid.

[53] Ibid.

[54] Ibid. The advisory council does not interview the funding applicant. The TRC review includes an interview with the applicant. The TRC has 11 members, 2 black and 1 Hispanic.

[55] Laube Interview.

[56] Serke Telephone Interview, June 2, 1981.

[57] Ibid.

[58] 45 C.F.R. §1321.5(a) (1980). Under Title VI of the Civil Rights Act of 1964, "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." 42 U.S.C. §2000d (1976).

[59] Serke Telephone Interview, June 2, 1981. The Connecticut Department on Aging conducts periodic reviews of various SWAA activities, e.g., board and advisory council business, and program evaluation and monitoring of funded organizations.

[60] Southwestern Connecticut Agency on Aging,

Title III-Funded Organizations' Employment Patterns

Except for programs that were minority operated, most organizations receiving Title III–B funds in Bridgeport had predominantly white work forces (see table 4.5). Data in table 4.5 show that when employed, minority personnel are often found in nonprofessional positions in the SWAA-funded programs. The exceptions are minority-operated programs where directors and other administrative personnel were minority.

SWAA Compliance Monitoring

Programs under the Older Americans Act are required to comply with the nondiscrimination requirements of Title VI of the Civil Rights Act of 1964.[58] To check compliance with this requirement, the Southwestern Connecticut Agency on Aging biannually reviews Title III-funded organizations onsite.[59] During the reviews, organizations are monitored and evaluated on the participation of minorities, specifically blacks and "Spanish language" citizens.

In the area of compliance, organizations are monitored regarding the implementation of the affirmative action plan over a 12-month period, with specific attention to hiring and personnel and the rendering of service to miniority elderly.[60] Ongoing monitoring by the

TABLE 4.5

Persons Employed by Title III-Funded Organizations in Bridgeport by Position and Race or Ethnicity: 1980

Organizations/positions	Total	Race or ethnicity of employees: American Indian	Asian American	Black	Hispanic	White
Easter Seal Rehabilitation Center						
(Health Maintenance Care)	(44)	(1)	(0)	(2)	(1)	(40)
Director	1	0	0	0	0	1
Assistant director	1	0	0	0	0	1
Physical therapist	37	1	0	0	1	35
Physical therapy aides	2	0	0	1	0	1
Physical therapy transportation aides	3	0	0	1	0	2
Easter Seal Rehabilitation Center						
(Human Service Transportation Consortium)	(16)	(0)	(0)	(1)	(3)	(12)
Director	1	0	0	0	0	1
Scheduler	1	0	0	0	0	1
Dispatcher	1	0	0	0	0	1
Drivers	12	0	0	1	2	9
Secretary	1	0	0	0	1	0
Family Services Woodfield, Inc.						
(Home Maintenance and Repair)[1]	(5)	(0)	(0)	(0)	(0)	(5)
Foreman	1	0	0	0	0	1
Secretary (part time)	1	0	0	0	0	1
Workpersons	3	0	0	0	0	3
Connecticut Community Care, Inc.	(11)	(0)	(0)	(0)	(0)	(11)
Regional director	1	0	0	0	0	1
Nurse	1	0	0	0	0	1
Social workers	6	0	0	0	0	6
Clericals	3	0	0	0	0	3
Legal Services for the Elderly	(3)	(0)	(0)	(0)	(0)	(3)
Attorney	1	0	0	0	0	1
Paralegal	2	0	0	0	0	2
Clerk	1	0	0	0	1	0
Department of Aging (Bridgeport)						
(Bridgeport Health Center)	(1)	(0)	(0)	(0)	(0)	(1)
Coordinator	1	0	0	0	0	1
Jewish Family Service, Inc.	(2)	(0)	(0)	(0)	(0)	(2)
Coordinator	1	0	0	0	0	1
Assistant coordinator	1	0	0	0	0	1
The Salvation Army Greater Bridgeport						
Nutrition Program[2]						
(Transportation Program)	(3)	(0)	(0)	(1)	(0)	(2)
Driver (full time)	1	0	0	0	0	1
Driver (part time)	1	0	0	0	0	1
Driver (backup)	1	0	0	1	0	0
Federation of Neighborhood Councils						
(Neighborhood Senior Service Outreach)	(9)	(0)	(0)	(6)	(1)	(2)
Director	1	0	0	1	0	0
Outreach coordinator	1	0	0	1	0	0
Senior aides	7	0	0	4	1	2

TABLE 4.5 (CONTINUED)
Persons Employed by Title III-Funded Organizations in Bridgeport by Position and Race or Ethnicity: 1980

Organizations positions	Total	Race or ethnicity of employees: American Indian	Asian American	Black	Hispanic	White
Federation of Neighborhood Councils (Frail Elderly Programs)	(3)	(0)	(0)	(2)	(0)	(1)
Director	1	0	0	1	0	0
Assistant director	1	0	0	0	0	1
Secretary	1	0	0	1	0	0
Federation of Neighborhood Councils (Bethune Senior Citizen Center)	(3)	(0)	(0)	(3)	(0)	(0)
Director	1	0	0	1	0	0
Outreach worker	1	0	0	1	0	0
Chore person(s)	1	0	0	1	0	0
Spanish American Development Agency (Spanish Senior Service Center)	(3)	(0)	(0)	(0)	(3)	(0)
Director	1	0	0	0	1	0
Administrative worker	1	0	0	0	1	0
Outreach worker	1	0	0	0	1	0
Spanish American Development Agency (Spanish Elderly Escort Service)	(1)	(0)	(0)	(0)	(1)	(0)
Driver	1	0	0	0	1	0

[1] Currently, there is a Hispanic secretary and black handyman out of a total staff of five. Brian J. Langdon, executive director, Family Services—Woodfield, Inc., Oct. 20, 1981.

[2] Since July 1981 transportation services have been provided through a subcontract arrangement with Human Service Transportation Consortium. Rita Cimino, project coordinator, Salvation Army Greater Bridgeport Elderly Nutrition Program, Oct. 30, 1981.

Sources: Gordon Hubbard, controller, Easter Seal Rehabilitation Center, telephone interview, Feb. 20, 1981; Diane Pivirotti, director, Human Service Transportation Consortium, Easter Seal Rehabilitation Center, telephone interview, Feb. 19, 1981; William Matthes, director, Home Care Services, Family Services—Woodfield, Inc., telephone interview, Feb. 19, 1981; Joan Quinn, executive director, Connecticut Community Care, Inc., telephone interview, Nov. 12, 1981; Loris Cohen, attorney, Legal Services for the Elderly, Connecticut Legal Services, Inc., telephone interview, Feb. 20, 1981; Ellen Dubie, planner, Bridgeport Department of Aging, telephone interview, Feb. 20, 1981; Steve Friedlander, director, Jewish Family Service, Inc., telephone interview, Feb. 23, 1981; Rita Cimino, project coordinator, Salvation Army Greater Bridgeport Elderly Nutrition Program, telephone interview, Feb. 23, 1981; Rosabel Brown, director, Neighborhood Senior Services Outreach, Federation of Neighborhood Councils, telephone interview, Feb. 19, 1981; Charlene Davis, director, Frail Elderly Program, Federation of Neighborhood Councils, interview, Oct. 28, 1980; Ella Jackson, director, Bethune Senior Citizen Center, Federation of Neighborhood Councils, interview, Oct. 28, 1980; and Jose Negron, deputy director, Spanish Senior Service Center, Spanish American Development Agency, interview, Oct. 29, 1980.

SWAA is accomplished mainly by reviewing monthly and quarterly reports from funded organizations.[61]

According to the SWAA associate director, all of its Title III-funded organizations have affirmative action plans. SWAA urges funded organizations to establish goals and timetables in their plans; however, not all organizations have goals and timetables.[62]

Minority Participation in SWAA-Funded Services

Among all persons 65 years and older in 1970, 21.6 percent were living below the poverty level in Bridgeport. Of blacks 65 years and older,[63] 30.0 percent lived below the poverty level,[64] while the proportion of older Spanish-speaking persons who were poor was 14.6 percent.[65] One of the provisions of the 1978 amendments to the Older Americans Act requires that preference be given to serving those in greatest economic or social need.[66] Under the act's regulations, persons in "greatest economic need" were defined as those living at or below the poverty level.[67] Relative to their concentrations among older persons below the poverty level of living, there tended to be an underutilization of certain Title III-funded programs by older Bridgeport minorities.

Title III-funded services in Bridgeport provide access, in-home, legal, nutrition, and other social services.

Access Services

Outreach and Information and Referral: The Neighborhood Senior Services outreach program provided outreach and information and referral to older persons in six sections of the city known as neighborhood strategy areas.[68] Outreach workers visited the homes of older persons to assess their need for various services, e.g., transportation, escort services, and counseling.[69] In the first 8 months of 1980, 706 persons received services; 60 percent were white, 29 percent black, and 11 percent Hispanic (see table 4.6).[70]

Transportation: The Human Service Transportation Consortium commenced operations in September 1980.[71] During September–December 1980, consortium

Project Evaluation Guide, n.d. Personnel data are also collected. Title III-funded organizations must identify each position by descriptive title, whether a black, Hispanic, or nonminority currently holds a position, and if the position is vacant, when it will be filled.

[61] Laube Interview.

[62] Serke Telephone Interview, June 2, 1981.

[63] *1970 Census of Population,* table 207, p. 953. Although generally 60 and over was used as the minimum age for data pertaining to older persons in the 1970 census, poverty status data on older persons in the same census began at age 65 and over.

[64] Ibid.

[65] Ibid., table 96, p. 306, and table 101, p. 341. Poverty figures for older Hispanics were calculated from data in the tables cited.

[66] 42 U.S.C. §3025(a)(2)(E) (Supp. III 1979). See also 45 C.F.R. §1321.109 (1980).

[67] 45 C.F.R. §1321.3. See Introduction, chap. 1.

[68] Rosabel Brown, director, Neighborhood Senior Services Outreach, telephone interview, Feb. 19, 1981 (hereafter cited as Brown Telephone Interview).

[69] Ibid.

[70] Ibid.

[71] Human Service Transportation Consortium of Greater Bridgeport Consortium 1980 Plan (Aug. 27, 1980) (hereafter cited as 1980 Consortium Plan). The Human Service Transportation Consortium consists of nonprofit agencies and municipalities. The members are Easter Seal Rehabiliation Center, the city of Bridgeport, Parents and Friends of Retarded Citizens, and Goodwill Industries. Easter Seal Rehabiliation Center is the lead organization with primary responsibility for coordinating the program. The consortium provides transportation to nutrition sites in addition to transporting physically im-

TABLE 4.6

Older Persons Participating in Title III-B Services in Bridgeport by Race or Ethnicity: 1980

Type of service		Total	Race or ethnicity of participants: American Indian	Asian American	Black	Hispanic	White
Access							
Outreach[1]	#	706	2	2	204	78	420
	%	(100.0)	(0.3)	(0.3)	(28.9)	(11.0)	(59.5)
Transportation[2]		586	0	0	93	28	465
		(100.0)	(0.0)	(0.0)	(15.9)	(4.8)	(79.3)
Escort service[3]		400	0	0	3	397	0
		(100.0)	(0.0)	(0.0)	(0.7)	(99.3)	(0.0)
In-home							
Friendly visiting[3]		500 est	0	0	200 est	50 est	250 est
		(100.0)	(0.0)	(0.0)	(40.0)	(10.0)	(50.0)
Legal[5]		624	0	0	33	6	585
		(100.0)	(0.0)	(0.0)	(5.3)	(1.0)	(93.7)
Other							
Health center[6]		215	0	0	20	16	179
		(100.0)	(0.0)	(0.0)	(9.3)	(7.4)	(83.3)
Health maintenance[7]		55	0	0	2	11	42
		(100.0)	(0.0)	(0.0)	(3.6)	(20.0)	(76.4)
*Home maintenance and repair[3]		380	0	0	40	9	331
		(100.0)	(0.0)	(0.0)	(10.5)	(2.3)	(87.1)
Day care[3]		20	0	0	16	0	4
		(100.0)	(0.0)	(0.0)	(80.0)	(0.0)	(20.0)
Clinical assessment[4]		442	2	0	71	11	358
		(100.0)	(0.4)	(0.0)	(16.0)	(2.4)	(80.9)

* Though the program covers a six-town area, services were provided mostly to older persons in Bridgeport.

[1] For period January–August 1980.

[2] For period September–December 1980.

[3] For period January–December 1980.

[4] For one month only—January 1981. CCCI began administering this program during the latter part of 1980.

[5] For period January–September 1980.

[6] For period April–December 1980.

[7] For one month only—December 1980.

Note: Numbers may not add to 100 percent due to rounding.

Sources: Rosabel Brown, director, Neighborhood Senior Services Outreach, Federation of Neighborhood Councils, telephone interview, Feb. 19, 1981; Diane Pivirotti, director, Human Service Transportation Consortium, Easter Seal Rehabilitation Center, telephone interview, Feb. 19, 1981; Spanish American Development Agency (SADA), "Application for project award under Title III of the Older Americans Act," Oct. 14, 1980, p. 5; Joan Quinn, executive director, Connecticut Community Care, Inc., Telephone interview, Nov. 12, 1981; Steve Friedlander, director, Jewish Family Service, Inc., telephone interview, Feb. 23, 1981; Loris Cohen, attorney, Legal Services for the Elderly, Connecticut Legal Services, Inc., telephone interview, Feb. 20, 1981; Ellen Dubie, planner, Bridgeport Department of Aging, telephone interview, Feb. 20, 1981; Gordon Hubbard, controller, Easter Seal Rehabilitation Center, telephone interview, Feb. 20, 1981; William Matthes, director, Home Care Services, Family Services Woodfield, Inc., telephone interview, Feb. 19, 1981; and Charlene Davis, director, Frail Elderly Program, Federation of Neighborhood Councils, interview, Oct. 30, 1980.

vehicles made 8,937 trips and served 586 persons.[72] People are picked up at their homes, with rides arranged and coordinated through the Easter Seal Rehabilitation Center.[73] Nearly 80 percent of the transportation services were to white participants, with 15.9 percent to blacks, 4.8 percent to Hispanics,[74] and none to American Indians and Asian and Pacific Island Americans. According to the director of the consortium, Hispanic participation is relatively low because Hispanics have their own transportation program and may choose not to use the consortium services.[75] She further noted that Hispanics often had a difficult time being understood when they called in for service, since none of the consortium employees speak Spanish.[76] The consortium had no plans to hire Spanish-speaking persons to help answer the telephone calls for service.[77]

The Spanish Elderly Escort Service provides transportaion and escort services to older Hispanics in need of transportation to the Spanish Senior Service Center, health clinics, and special events.[78] The majority of the escort service users are Hispanic. A total of 400 persons was served in 1980: 397 were Hispanic and 3 black.[79] Non-Hispanic whites, American Indians, and Asian and Pacific Island Americans did not utilize the service.

In-Home Services

SWAA funded one in-home service to the elderly in 1980 with Title III funding: friendly visiting.[80]

Friendly Visiting: Jewish Family Services interfaith friendly visiting program receives referrals generally through senior centers and contact with its volunteer coordinators located throughout local communities. Once isolated older persons are identified, arrangements are made to visit them. Volunteer visitors[81] often refer older persons with service needs to other services, e.g., medical and psychiatric. In 1980 an estimated total of 500 persons were reported as visited. Friendly visiting estimates that 50 percent were white, 40 percent were black, and 10 percent were Hispanic.[82]

Legal Aid Services

Connecticut Legal Services, Inc., provides legal counseling to Bridgeport's older persons. The legal aid provided is largely a service to the white population.[83] In 1980, of those persons receiving legal aid, 94 percent were white, 5

paired persons to health maintenance programs, sheltered workshops, adult day care, and special activities. Prior to the establishment of the consortium, several transportation programs attempted to provide services to the elderly and handicapped.

[72] Pivirotti Telephone Interview.

[73] 1980 Consortium Plan, p. 2.

[74] Pivirotti Telephone Interview.

[75] Diane Pivirotti, director, Human Service Transportation Consortium, interview, Oct. 28, 1980.

[76] Ibid.

[77] Ibid.

[78] Spanish American Development Agency, "Application for Project Award under Title III of the Older Americans Act," Oct. 14, 1980, p. 5.

[79] Ibid.

[80] *Annual Report 1980,* app. D. pp. 1–3.

[81] The interfaith friendly visting program was set up by a local black clergyman. Volunteers are recruited in local communities, with black churches being a major source of volunteers. Much emphasis is placed on contacting older persons who reside in senior hotels (former hotels which are now permanent residents for older persons). Volunteers are trained in the community in which they reside at churches and senior centers. Robert Ollrid, director, interfaith friendly visiting, telephone interview, Nov. 2, 1981.

[82] Friedlander Telephone Interview.

[83] According to the program coordinator, low-income older persons were the focus of service

percent were black, and 1 percent were Hispanic.[84]

Other Social Services

Five programs provide health services, home repair, and day care to older persons in Bridgeport: Health Maintenance Care, Bridgeport Health Center, Connecticut Community Care, Inc., Home Maintenance and Repair, and the Frail Elderly Program.[85]

Health Services: During a 1-month period, December 1980, the health maintenance care program provided physical therapy to 55 older persons; 76 percent were white, 20 percent were Hispanic, and 4 percent were black.[86]

Connecticut Community Care, Inc. (CCCI), with a staff of one nurse and six social workers, provides clinical assessment and health monitoring to older persons in their homes, acute care hospitals, and skilled nursing facilities. CCCI also assists older persons in maintaining independent living in the community by arranging for services and support such as homemaker, home health aide, home-delivered meals, adult day care, transportation, and friendly visiting.[87] In January 1980 staff visited 442 persons: 81 percent were white, 16 percent were black, and 2.4 percent were Hispanic.[88]

The Health Center provides a health screening program under the Eisenhower Senior Center, a city of Bridgeport facility. In the period April 1, 1980, to December 31, 1980, 83 percent of the older persons participating in this program were white, 9 percent were black, and the remaining 7 percent were Hispanic.[89]

Home Maintenance and Repair: Family Services-Woodfield, Inc., home maintenance and repair program provided minor home repairs such as plumbing, carpentry, and winterization services to

efforts (however, 1970 census data indicate that 17.3 percent of older blacks and 14.6 of older Hispanics lived below poverty level in Bridgeport). Loris Cohen, attorney, Legal Services for the Elderly, Connecticut Legal Services, Inc., telephone interview, Nov. 2, 1981 (hereafter cited as Cohen Telephone Interview).

[84] Cohen Telephone Interview. According to Ms. Cohen, the numbers and percentages for participants served by Legal Services in table 4.6 reflect cases opened, not outreach, including presentations at minority senior centers, nutrition sites, and a radio program. Also not reflected is counseling provided to phone callers that does not require opening a case. Minority participation increased in 1981. During the period January–April, a total of 88 persons were served, of whom 60 were nonminority (68.1 percent), 23 black (26.1 percent), 4 Hispanic (4.5 percent), and 1 other (minority) (1.1 percent). With the hiring of a Hispanic paralegal in July 1981, Ms. Cohen anticipates that rates for Hispanic participation will improve. Cohen Telephone Interview, Nov., 2, 1981.

In a written response to a review of this report, Clifford Laube, SWAA director, stated that a year-to-date management information system (MIS) report shows that as of Sept. 30, 1980, Legal Services provided services to 121 clients, of whom 22.3 percent were minority (the MIS report submitted by Mr. Laube did not provide a racial breakdown of the various minorities served, i.e., blacks, Hispanics, American Indians, and Asian Americans). Clifford Laube, director, SWAA, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 21, 1981. *Annual Report 1980,* app. D, pp. 1–3.

[85] *Annual Report 1980,* app. D, pp.1–3.

[86] Hubbard Telephone Interview. The high percentage of Hispanics served may in part be due to the presence of a Hispanic physical therapist on staff.

[87] Joan Quinn, executive director, Connecticut Community Care, Inc., letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 22, 1981.

[88] Joan Quinn, executive director, Connecticut Community Care, Inc., telephone interview, Nov. 12, 1981.

[89] Dubie Telephone Interview.

older homeowners and apartment dwellers in the Bridgeport area.[90] Approximately 5,800 hours of labor were provided and 380 older persons served in 1980. The majority of home maintenance and repair services was received by whites (87.1 percent), with blacks receiving 10.5 percent of the services and Hispanics 2.3 percent.[91]

Day Care: The frail elderly program provided day care facilities and counseling to older persons in Bridgeport. During 1980, 80.0 percent of the program participants were black and 20.0 percent were white.[92]

Nutrition Services

The Salvation Army's Greater Bridgeport elderly nutrition program provided social services at 14 nutrition sites in Bridgeport[93] (see table 4.7). Blacks constituted about 14 percent of the participants and Hispanics constituted 7 percent.[94]

Two of the 14 meal sites, East Side Senior and St. Mark's Church Center, had high percentages (50.0 percent and 61.8 percent) of black participation. Both sites are in eastern Bridgeport, which has a substantial black population.[95]

The meal site at St. Mary's Church, where the majority of participants were Spanish, was closed in November 1980 by church administrators because of high fuel and maintenance costs.[96] As a temporary arrangement the Salvation Army's elderly nutrition program has been transporting people from the largely Hispanic neighborhood in the vicinity of St. Mary's, on the east end of Bridgeport, to St. Anthony's Church, on the west end of the city. Program staff report that Hispanic elderly appear dissatisfied with the new arrangement.[97] They note

[90] Matthes Telephone Interview.

[91] Brian J. Langdon, executive director, Family Services-Woodfield, Inc., telephone interview, Nov. 12, 1981. The area of service includes, in addition to Bridgeport, the towns of Fairfield, Trumbull, Easton, Monroe, and Stratford. Brian J. Langdon, executive director, Family Services-Woodfield, Inc., letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 20, 1981.

[92] Charlene Davis, director, frail elderly program, Federation of Neighborhood Councils, interview, Oct. 30, 1980.

[93] Percentages for minorities receiving social services in the nutrition program would be about the same as those for participants because the social services are provided at the meal sites.

[94] Cimino Telephone Interview. Although the nutrition program was administered by the State until January 1981, its impact on older minorities is important and warrants some discussion in this report.

[95] Cimino Interview. St. Marks Church had a high rate of black participation (61.8 percent) as the meal site for the Bethune Senior Citizens Center. The center relocated in September 1980, and it is anticipated that black participation rates at St. Marks will be reduced by the number of older blacks who continue as members of Bethune at its new location.

[96] Ibid. Host organizations (e.g., churches) donate space for nutrition programs and are expected to provide heat and lighting.

[97] Hispanic community leaders and advocates have been searching for convenient locations for another nutrition site. According to Ruth Rodriquez, a nutritionist with the University of Connecticut Cooperative Extension Program and a member of the Connecticut State Commission on Aging, search efforts have been limited by Administration on Aging regulations requiring that senior centers and nutrition sites be located in a facility with a social service program (multiservice centers). Another problem is that sites without serious building code violations are scarce in an old city like Bridgeport. Buildings available often are not firesafe and are therefore ineligible for insurance. The city purchased an abandoned school building in 1980 which will be utilized as a multiservice center. However, renovations are not scheduled to begin until around 1982.

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TABLE 4.7
Participation at Title III-Funded Nutrition Sites in Bridgeport by Race or Ethnicity: 1980

Nutrition sites		Race or ethnicity of participants					
		Total	American Indian	Asian American	Black	Hispanic	White
Harborview	#	130	0	0	8	5	117
	%	(100.0)	(0.0)	(0.0)	(6.2)	(3.8)	(90.0)
East Side Senior		100	0	0	50	5	45
		(100.0)	(0.0)	(0.0)	(50.0)	(5.0)	(45.0)
Bartram		200	0	0	1	2	197
		(100.0)	(0.0)	(0.0)	(0.5)	(1.0)	(98.5)
Esther Goldberg		200	0	1	0	0	199
		(100.0)	(0.0)	(0.5)	(0.0)	(0.0)	(99.5)
Bullshead		175	0	0	40	15	120
		(100.0)	(0.0)	(0.0)	(22.9)	(8.6)	(68.5)
St. Marks Church (Bethune)		110	0	0	68	0	42
		(100.0)	(0.0)	(0.0)	(61.8)	(0.0)	(38.2)
Eisenhower		225	0	0	10	5	210
		(100.0)	(0.0)	(0.0)	(4.4)	(2.2)	(93.4)
Fireside #1		200	0	0	20	10	170
		(100.0)	(0.0)	(0.0)	(10.0)	(5.0)	(85.0)
Fireside #2		75	0	0	3	1	71
		(100.0)	(0.0)	(0.0)	(4.0)	(1.3)	(94.7)
St. Mary's Church[1]		120	0	2	16	60	42
		(100.0)	(0.0)	(1.7)	(13.3)	(50.0)	(35.0)
St. Anthony's Church		125	4	0	8	22	91
		(100.0)	(3.2)	(0.0)	(6.4)	(17.6)	(72.8)
Open Reality House		175	0	0	20	10	145
		(100.0)	(0.0)	(0.0)	(11.4)	(5.7)	(82.9)
Clifford House		110	0	0	15	2	93
		(100.0)	(0.0)	(0.0)	(13.6)	(1.8)	(84.6)
South End		80	1	1	20	3	55
		(100.0)	(1.2)	(1.2)	(24.0)	(3.8)	(68.8)

[1] Closed in November 1980, the nutrition program is currently housed in St. Anthony's Church.

Note: Numbers may not add to 100 percent due to rounding.

Source: Judy McPherson, assistant director, Greater Bridgeport Elderly Nutrition Program, telephone interview, Feb. 20, 1981. Table 4.7 covers a 12 month period—January–December 1980.

that, at St. Anthony's, Hispanics from the St. Mary's meal site sit on one side of the church hall, while the rest of the participants, from St. Anthony's, eat their meals on the other side of the hall. Also, Hispanic attendance at St. Anthony's is much lower than it was at St. Mary's, according to the director of the Salvation Army's elderly nutrition project.[98] At St. Mary's, Hispanic attendance averaged between 30 and 40 elderly a day. At St. Anthony's, a turnout of 15 to 20 Hispanic elderly is considered a substantial number.[99]

American Indians and Asian and Pacific Island Americans are less than 1 percent of Bridgeport's elderly. Participation rates for both groups were less than 1 percent in service and nutrition programs.

Service Planning, Program Evaluation, and Monitoring

Minority participation in service planning generally takes place at public hearings through the testimony of older minorities and minority service providers and through minority representatives on the advisory council and board.[100]

SWAA's program evaluation and monitoring focus on minority program participation, with specific emphasis on blacks and Hispanics.[101] The agency's 1980 objective for minority participation was to increase service delivery to minorities by 5 percent (from approximately 16 percent). The agency reached its goal, with an increase of minority participation to 21.2 percent.[102] SWAA also provides Title III-funded organizations with technical assistance to increase minority participation.

Summary

Bridgeport is the largest city in Connecticut and contains a sizable population of minorities (21.0 percent black and 18.7 percent Hispanic). The city also has the highest proportion of older minorities (47 percent of all black and 42 percent of all Hispanic elderly) in the Southwestern Connecticut planning and service area administered by the Southwestern Connecticut Agency on Aging. The agency, in addition to Bridgeport, serves 13 other municipalities located in the planning and service area.

A recent increase in hiring and promotion of minorities had resulted in close to 50 percent minority representation on the Southwestern Connecticut Agency on Aging staff. However, minorities held no decisionmaking positions.

Two of the nine Title III–B funded organizations serving Bridgeport were minority organizations. The Federation of Neighborhood Councils and the Spanish American Development Agency received 37.5 percent of Title III–B funds awarded in Bridgeport during 1980. In Bridgeport minorities held management-level positions only in Title III programs

[98] Cimino Interview.

[99] Ibid. A Spanish Senior Center and meal site was opened Oct. 5, 1981, at a Baptist church and has a daily attendance of at least 75 older persons. Rita Cimino, telephone interview, Oct. 29, 1981, and letter dated Oct. 30, 1981.

[100] Serke Telephone Interview, June 2, 1981. A State needs assessment survey of older persons in Bridgeport was completed in spring 1981. Needs assessments are another method by which minority views can be obtained. The survey by the State department on aging was done by telephone, thereby making it difficult to assess minority participation.

[101] *Project Evaluation Guide*, n.d.

[102] State of Connecticut, Department on Aging, "End of the Year Agency Assessment (SWAA)," Jan. 22, 1981.

operated by the Federation of Neighborhood Councils and the Spanish American Development Agency.

In 1980 minority organizations and the Southwestern Connecticut Agency on Aging jointly sponsored a workshop to inform potential minority organizations about the Southwestern Connecticut Agency on Aging and its resources. It was the first such effort to attract minority organizations interested in providing services with Title III funds. One minority firm received a transportation award.

Minorities were served by all 13 Title III-funded organizations operating in Bridgeport. Programs set up or operated by minorities tended to have higher minority participation rates. Service rates to minorities were much lower among the nonminority organizations receiving Title III funds. The single exception was the interfaith friendly visiting program.

Compliance with Federal nondiscrimination requirements in service delivery was accomplished mainly through onsite reviews conducted twice yearly. Ongoing monitoring for compliance took place with the review of monthly and quarterly reports submitted by Title III-funded organizations.

Chapter 5

Tucson, Arizona

Demographic Profile

Tucson is one of the fastest growing cities in the United States.[1] In 1980 Tucson's population was estimated at 330,537;[2] 30 years earlier its population was estimated at just over 45,000.[3] The racial composition of the city's population is diverse: in 1980, 3.7 percent were black, 1.3 percent were American Indian/Alaskan Native, 1.1 percent were Asian and Pacific Island American, 81.7 percent were white, and 12.2 percent identified themselves as "other." The racial categories above include Hispanics, who accounted for 24.9 percent of the city's population in 1980 (see table 5.1).

Tucson has a relatively large proportion of older persons. In 1975, the latest year for which statistics by age are available, approximately 15 percent of the city's population was 60 years or older: Hispanics represented 10.3 percent, blacks represented 2.7 percent, American Indians/Alaskan Natives represented 0.5 percent, Asian and Pacific Islanders represented 0.8 percent, and whites represented 85.7 percent (see table 5.2).

Pima Council on Aging

The Pima Council on Aging (PCOA) is the area agency on aging[4] that distributes Federal funds and determines programs for the elderly in Tucson. It began as a private, nonprofit organization in 1969 to develop resources for the elderly population of Pima County.[5] PCOA was designated by the Pima Association of Governments in 1973 as an area agency on aging to serve all of Pima County.[6] The vast majority of the elderly popula-

[1] The Arizona Daily Star and Tucson Citizen, *Tucson Trends 1980*, p. 3.

[2] U.S., Department of Commerce, Bureau of the Census, *1980 Census of Population and Housing, Advance Reports, Arizona* (March 1981), table 1.

[3] *Tucson Trends 1980*, p. 13.

[4] See glossary.

[5] Marian Lupu, director, and Betty McEvers, associate director, Pima Council on Aging, interview in Tucson, Dec. 1, 1980 (hereafter cited as Lupu and McEvers Interview).

[6] Ibid. According to the director of the Papago Indian Tribe Elderly Program, although historically it was to provide services to all of Pima County, PCOA has never provided services to the Papago Indian Reservation. Partly as a result of this, the reservation is now part of a separate area agency on aging (see app. B). Alice Norris, director, Papago Indian Tribe Elderly Program, interview in Tucson, Dec. 3, 1980. In reviewing the report, Marian Lupu, director of PCOA, disputed this noting that "In 1973 PCOA [not yet designated an area agency on aging], as the recipient of a Title III Areawide Model Project,

TABLE 5.1
General Population of Tucson by Race or Ethnicity: 1980

Race or ethnicity	General population	
	Number	Percent
American Indians/Alaskan Natives	4,341	1.3%†
Asian and Pacific Island Americans	3,523	1.1
Blacks	12,301	3.7
Other	40,184	12.2
Whites	270,188	81.7
Total	330,537	100.0%
Hispanics[1]	82,189	24.9%

† This can be interpreted as follows: In 1980, 4,341 or 1.3 percent of Tucson's population was American Indian Alaskan Native.

[1] Persons of Spanish origin are also included in the racial categories of this table. The U.S. Bureau of the Census estimates that 55.6 percent of Hispanics identified themselves as white, 2.7 as black, 0.6 percent as American Indian Alaskan Native, 1.1 percent as Asian and Pacific Island American, and 40.0 percent refused to identify themselves as one of these races and instead classified themselves as "other." U.S., Department of Commerce, Bureau of the Census, *Commerce News*, Feb. 23, 1981, table 3.

Source: U.S., Department of Commerce, Bureau of the Census, *1980 Census of Population and Housing Advance Reports, Arizona* (1981), table 1.

TABLE 5.2
Elderly Population of Tucson by Race or Ethnicity: 1975

Race or ethnicity	Population 60 years and older	
	Number	Percent
American Indians/Alaskan Natives	216	0.5%†
Blacks	1,186	2.7
Hispanics	4,561	10.3
Whites	37,740	85.7
Other*	331	0.8
Total	44,034	100.0%

† This can be interpreted as follows: In 1975, 216 or one-half of 1 percent of Tucson's elderly population was American Indian/Alaskan Native.

* Data on Asian Americans in Tucson are not available separately. However, it is estimated by the Bureau of the Census that most of the population listed as "other" is comprised of Asian Americans.

Source: Tucson City Planning Department, 1975 Special Census Final Tabulation Tape.

tion, as well as the area agency itself, is located in Tucson.

The agency's funding comes from sources such as United Way, city of Tucson, Pima County government, private contributions, and Title III of the Older Americans Act.[7] Its total budget for fiscal year 1980–81 was $2,103,637, of which $1,032,269 was from Title III of the Older Americans Act.[8]

PCOA Advisory Council

An 18-member advisory council[9] meets once a month to discuss the PCOA's programs for the elderly. The advisory council also holds hearings on the area plan. Members of the advisory council are appointed for a maximum of two 3-year terms.[10] Of the 18 members on the council, 2 are black, 2 are Hispanic, 1 is American Indian, and the others are white.[11]

The Pima Council on Aging also has a policy board of 34 members that oversees the operation of the agency. Five of these members are black, 4 are Hispanic, 1 is Asian American, and 24 are white.[12] The board sets the policy for PCOA.[13] The members of Pima Council on Aging's policy board also appoint individuals to the advisory council, and the chairperson of the advisory council sits on the policy board.[14] The advisory council advises the policy board of its recommendations through the advisory council chairperson,[15] and then the policy board makes the final decision on a particular matter.[16]

Employment Practices of Pima Council on Aging

Minority Representation on PCOA Staff

In 1980 the Pima Council on Aging had 15 employees (see table 5.3); however, not all were paid from Title III funds. Of the nine individuals whose salaries were fully or partially paid by Title III, none was minority. Of the six individuals whose salaries were not paid through Title III, two were minority—the retired seniors volunteers program (RSVP) director and her secretary were Hispanic.

Recruitment, Hiring, and Promotion of Minorities

Pima Council on Aging has not hired any minorities in the past few years, because, according to the director, "there

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worked to provide some of the services available in the urban area to the elderly on the Papago Reservation. A contract was negotiated with Dr. M. Seulean to provide podiatry service to Papago elderly, this being the highest priority service selected by the Papagos." She further stated that, "In January 1977, the Papago Reservation was given a contract to conduct a needs assessment of the elderly on their reservation to facilitate planning for services in preparation for direct State funding." Marian Lupu, director, Pima Council on Aging, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 27, 1981.

[7] Lupu and McEvers Interview.

[8] Ibid.

[9] Marian Lupu, director, Pima Council on Aging, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 27, 1981 (hereafter cited as Lupu Letter).

[10] Lupu and McEvers Interview.

[11] Lupu Letter. Since the U.S. Commission on Civil Rights' field trip to Tucson, two more Hispanic advisory council members have replaced two departing white members. Betty McEvers, associate director, Pima Council on Aging, telephone interview, June 22, 1981 (hereafter cited as McEvers Telephone Interview).

[12] Ibid.

[13] Lupu Letter.

[14] Lupu and McEvers Interview.

[15] Lupu Letter.

[16] Lupu and McEvers Interview.

TABLE 5.3
Employees of Pima Council on Aging by Position and Race or Ethnicity: 1980

Positions	Total	Race or ethnicity of employees: American Indian	Asian American	Black	Hispanic	White
Executive director[1]	1	0	0	0	0	1
Associate director[1]	1	0	0	0	0	1
Finance manager[1]	1	0	0	0	0	1
Ombudsman	1	0	0	0	0	1
RSVP director	1	0	0	0	1	0
Program coordinator	1	0	0	0	0	1
Bookkeeper[1]	1	0	0	0	0	1
Administrative aide[1]	5	0	0	0	0	5
Secretary[1]	2	0	0	0	1	1
Clerk typist[1]	1	0	0	0	0	1
Total	15	0	0	0	2	13
Percentages	(100.0)	(0.0)	(0.0)	(0.0)	(13.3)	(86.7)

[1] Title III staff. However, only one of the secretaries and three of the administrative aides salaries are from Title III funds.
Source: Marian Lupu, director, and Betty McEvers, associate director, Pima Council on Aging, interview in Tucson, Dec. 1, 1980.

is a very low turnover rate at the agency."[17] However, in 1980 there was one opening, a secretarial position. This vacancy provided Pima Council on Aging with an opportunity to hire a minority employee, but this did not occur.[18] The director stated that:

> Our goals for staffing are not designed for each funding area but for the entire agency staff. The agency has striven to follow the directives of AoA in placing elderly persons in agency positions. Ten of the 15 employees were over 55 and 8 over 60 at the time of the interview. Demographically, this AoA directive conflicts with the minority goal due to the low number of minority elderly in this age group with necessary skills.[19]

The director also noted that in 1980 there were no promotions at the agency due to budget constraints.[20]

Affirmative Action

Pima Council on Aging staff stated that the area agency is required to have an affirmative action plan. The affirma-

[17] Ibid.

[18] Ibid. The director of PCOA said that no minorities applied for the position. Ibid. In reviewing the report, Marian Lupu, director of Pima Council on Aging, indicated that the position description was sent to the following places: DES Job Bank, Second Forty Survival, Tucson Women's Commission, Lamson Business College, YWCA, Senior Now, Tucson Urban League, La Frontera, and Tucson Indian Center. The position was printed in two Tucson newspapers. Lupu Letter. The position was not advertised in a non-English publication. Lupu and McEvers Interview.

[19] Lupu Letter.

[20] Ibid. In 1981 one promotion was given and this was to a minority person. Ibid.

TABLE 5.4
Title III-B (Social Services) and III-C (Nutrition) Awards in Tucson: 1980

Organizations	Amount	Minority (X)	Types of service
City of Tucson	$ 45,402		Housing renovation
Legal Aid	23,809		Legal services
Pima County—DIAL			
Chore maintenance	30,140		Chore maintenance
Home health aide	35,381		Home health aide
Senior Now Generation Programs			
Congregate meals	425,428		Congregate meals
Home-delivered meals	79,851		Home-delivered meals
Total	$640,011		

Source: Marian Lupu, executive director of Pima Council on Aging, interview in Tucson, Dec. 1, 1980.

tive action plan is updated each year and the goal for 1981 is to hire a minority employee of any racial or ethnic background in any position at the agency. However, the representative for the agency indicated that since there is little turnover of staff, the agency has had few opportunities to implement its affirmative action plan.[21] According to the associate director, the State unit on aging has a copy of the affirmative action plan and is aware of the agency's low staff turnover; therefore, it has not been critical of PCOA's staffing pattern.[22]

Title III Funds Awarded by Pima Council on Aging

Minority Representation Among Title III-Funded Organizations

The Pima Council on Aging, during fiscal year 1980–81, distributed $640,011 in funds from Title III of the Older Americans Act. Three PCOA awards totaling $134,732 were given to provide social services (Title III–B) for elderly citizens in the city of Tucson (see table 5.4). These awards were to the city of Tucson for housing renovation, Pima County-Department of Improved Adult Living (DIAL) for chore maintenance and home health aid, and to Southern Arizona Legal Aid, Inc., for legal assistance. None of these organizations is minority.[23]

In 1980 Pima Council on Aging also funded one nutrition award totaling $505,279 to provide nutrition services to elderly Tucsonians under Title III–C (see table 5.4). The award was given to Senior Now Generation Programs, Inc., a non-

[21] Lupu and McEvers Interview.
[22] McEvers Telephone Interview.
[23] See glossary.

minority firm, for both congregate and home-delivered meals.[24] Overall, none of the awards under Title III of the Older Americans Act was given to minority firms.

Two organizations, Pima County-Department of Improved Adult Living and the city of Tucson, provide funds to other organizations for direct services.[25] Pima County-DIAL provides funds to two firms, Medical Personnel Pool and Barbro Enterprises, Inc. Requests for proposals (RFPs) were solicited by DIAL for its awards. The RFPs were not announced in bilingual or non-English-language publications.[26] DIAL awarded funds to Medical Personnel Pool to provide home health aide services to seniors and to Barbro Enterprises, Inc., to provide chore maintenance.[27] Neither of these two firms is minority.[28]

The city of Tucson awards Title III funds for its housing renovation program by competitive bids. The availability of funds is advertised in the newspapers, and a letter is sent to all licensed organizations. In the past fiscal year, six awards were provided: four to nonminority firms and two to Hispanic firms.[29]

PCOA Title III Award Process

The Pima Council on Aging does not go through a request for proposal process each year. The request for proposal process occurs only for Title III multipurpose funds.[30] Instead, each year Pima Council on Aging renegotiates its awards.[31] Any additional money is used to expand or maintain the existing services.[32]

Representatives from several minority organizations objected to this method of funding. They stated that it perpetuates the existence of a few Title III-funded organizations, none of which is minority. Minority representatives expressed the concern that a lack of minority participation as service providers could adversely affect service delivery to minority elderly.[33]

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[24] Lupu and McEvers Interview. In reviewing the report, Marian Lupu, director of Pima Council on Aging, stated that the State unit on aging had provided funds to Senior Now Generation Programs for nutrition services for the previous 6 years. In October 1980 PCOA was given the responsibility of awarding funds for nutrition services. Lupu Letter.

[25] Ibid.

[26] Martha Hesla, representative of DIAL, interview in Tucson, Dec. 9, 1980 (hereafter cited as Hesla Interview).

[27] In seeking to explain why there were no subawards to minority firms, Marian Lupu, director of Pima Council on Aging, stated that for the home health aide service the "quality of the service to be provided dictated it be delivered by a licensed agency." She further stated that, of the two licensed home health agencies in the community, neither was minority. Lupu Letter.

[28] Hesla Interview.

[29] Rudy Gallego, director of housing renovation, interview in Tucson, Dec. 5, 1980 (hereafter cited as Gallego Interview).

[30] Lupu Letter. Since the U.S. Commission on Civil Rights' field trip to Tucson, the PCOA has issued an RFP for $17,000 to establish a multipurpose senior citizens center. The RFP was announced in the newspaper and PCOA sent letters to agencies it believed would be interested in submitting a proposal. The award requires matching funds and only one firm, Senior Now Generation Programs, submitted a proposal. Senior Now Generation Programs is the current provider of all congregate and home-delivered meals. A PCOA representative indicated that the State unit on aging would make the final decision on the awards. McEvers Telephone Interview
In reviewing the report, Marian Lupu also stated that PCOA had given Tucson Indian Center $9,831 for Title III multipurpose funds in the 1980 program year. Lupu Letter.

[31] Lupu Letter.

[32] McEvers Telephone Interview.

Title III-Funded Organizations' Employment Patterns

Minorities are employed by the four PCOA organizations, Senior Now Generation Programs, Inc., Southern Arizona Legal Aid, Inc., city of Tucson, and DIAL. However, they generally do not occupy decisionmaking positions. Of the six directors and administrators employed by the Title III-funded organizations, two (33.3 percent) are minority. Senior Now Generation Programs employs an Asian American as one of four persons in its administrative/director positions, and the city of Tucson's housing renovation director is Hispanic (see table 5.5). Of the remaining Title III positions, 40 (50.6 percent) are held by minorities.

PCOA Compliance Monitoring

All Title III-funded organizations are required to have an affirmative action plan that requires a quarterly report indicating progress in reaching goals.[34] Some organizations indicated that they submit their plans, but that the Pima Council on Aging does not monitor their efforts to reach their affirmative action goals.[35] Pima Council on Aging staff acknowledged that they do not monitor compliance, citing insufficient staff.[36]

Minority Participation in PCOA-Funded Services

Tucson's minority elderly are much more likely than its nonminority elderly to be in poverty. In 1970, the latest year for which statistics are available, 22.1 percent of white elderly were in poverty, whereas 29.5 percent of Hispanic elderly, 40.7 percent of black elderly, and 64.0 percent of American Indian elderly were in poverty.[37]

Title III-funded organizations, along with the Pima Council on Aging, are responsible for providing Tucson's elderly, especially those most socially and economically in need, with access services, in-home services, legal aid services, and nutrition services.

Access Services

Transportation: Transportation to meal sites is the only access service provided directly from Title III funds,

[33] Gary Menta, director of Tucson Indian Center, interview in Tucson, Dec. 1, 1980 (hereafter cited as Menta Interview); Alice Norris, director of the Papago Indian Tribe Elderly Program, interview in Tucson, Dec. 3, 1980 (hereafter cited as Norris Interview); Hubert Denny, executive director of Traditional Indian Alliance, interview in Tucson, Dec. 4, 1980 (hereafter cited as Denny Interview); Martha Cowan, director of Manzo Area Council, and Connie Curley, geriatric specialist, interview in Tucson, Dec. 4, 1980 (hereafter cited as Cowan Interview); and Ernest Urias, director of operation SER, interview in Tucson, Dec. 5, 1980 (hereafter cited as Urias Interview). The director of housing renovation stated that "not until minorities are put in more responsible administrative positions will you have more minority employees, grantees, and service recipients." Gallego Interview.

[34] Lupu and McEvers Interview.

[35] Gallego Interview; John Balentine, executive director of Southern Arizona Legal Aid, Inc., interview in Tucson, Dec. 9, 1980 (hereafter cited as Balentine Interview); and Nick Scalpone, associate director of Senior Now Generation Programs, Inc., interview in Tucson, Dec. 2, 1980 (hereafter cited as Scalpone Interview). In reviewing the report, the director of PCOA stated that Senior Now Generation Programs only had been PCOA's responsibility for 2 months at the time of the Commission's interview. Lupu Letter.

[36] Betty McEvers, associate director of PCOA, interview in Tucson, Dec. 10, 1980 (hereafter cited as McEvers Interview).

[37] U.S., Department of Commerce, Bureau of the Census, *Characteristics of the Population: Arizona,* 1970 Census of Population, vol. 1, part 4, tables 24 and 96; unpublished 1970 census data; and U.S., Department of Commerce, Bureau of the Census, *American Indians,* 1970 Census of Population, no. PC(2)–1F, tables 12 and 14.

TABLE 5.5
Persons Employed by Title III-Funded Organizations in Tucson by Position and Race or Ethnicity: 1980

Organizations/positions	Total	Race or ethnicity of employees: American Indian	Asian American	Black	Hispanic	White
City of Tucson	(3)	(0)	(0)	(0)	(3)	(0)
Director	1	0	0	0	1	0
Office staff	2	0	0	0	2	0
Pima County-Department of Improved Adult Living[1]						
Legal Aid	(29)	(1)	(0)	(4)	(12)	(12)
Director	1	0	0	0	0	1
Lawyer	11	0	0	1	2	8
Paralegal	3	0	0	0	3	0
Office manager	1	0	0	1	0	0
Financial director	1	0	0	0	1	0
Office staff	12	1	0	2	6	3
Senior Now Generation	(53)	(0)	(2)	(6)	(13)	(32)
Director	1	0	0	0	0	1
Administrator	3	0	1	0	0	2
Office staff	7	0	0	0	1	6
Nutrition site coordinator	9	0	1	1	3	4
Driver	3	0	0	0	1	2
Kitchen staff	5	0	0	3	1	1
Warehouse/maintenance staff	5	0	0	0	0	5
Field staff	20	0	0	2	7	11

[1] Eleven individuals, 10 white and 1 Hispanic, work for the community services division of DIAL. This is the office of DIAL that handles Title III, but none of these persons salaries are paid through Title III.

Sources: Rudy Gallego, director of housing renovation, interview in Tucson, Dec. 5, 1980; Martha Hesla, representative of DIAL, interview in Tucson, Dec. 9, 1980; John Balentine, executive director of Southern Arizona Legal Aid, Inc., interview in Tucson, Dec. 9, 1980; and Nick Scalpone, associate director of Senior Now Generation Programs, Inc., interview in Tucson, Dec. 2, 1980.

and this service is available only in the rural areas of Pima County.[38] Transportation in the urban area is provided by the city of Tucson.

Information and Referral: Information and referral service is not provided by Pima Council on Aging either through its Title III funding or through its other sources of funding. It used to be funded by Pima Council on Aging, but when Arizona began receiving Federal funds under Title XX of the Social Security Amendments of 1965, the State unit on aging informed PCOA that information and referral would be funded through Title XX.[39]

In-Home Services

Two Title III in-home services are funded in Tucson—chore maintenance and home health aides.[40] The department of improved adult living (DIAL) provides funds to other organizations for these services.[41] During fiscal year 1979–80, 229 individuals were served by the chore maintenance program and 182 persons were served by the home health aide program. No Asian Americans or American Indians received home health aide services, and only three American Indians received chore maintenance (see table 5.6). Blacks represented 9 percent of the elderly participating in the in-home programs, and Hispanics represented 17 percent of those participating in the chore maintenance program and 13 percent of those participating in the home health aide program. Although blacks and Hispanics received some in-home services under Title III through DIAL, they may be underserved relative to their social and economic need.[42] The Older Americans Act instructs area agencies on aging and their service providers to give priority to serving those elderly who are most socially and economically in need.[43] According to the available statistics for the area, black, Hispanic, and American Indian elderly are more likely than white elderly to be in poverty.[44] As a result, these populations also are more likely to be in need of available services.

An administrator of DIAL was asked why more minorities were not participating in the in-home services program. He responded that he did not know, but when asked to speculate why, the administrator suggested that the reason more

[38] Since the focus of this field survey was the city of Tucson, no data were solicited for transportation participation.

[39] McEvers Telephone Interview.

[40] McEvers Interview.

[41] Participation statistics were provided by a representative of DIAL for each of these services. Hesla Interview.

[42] In reviewing the report, Martha Hesla, a representative for DIAL, stated that, "Home Health Aid and Chore Maintenance funded under Title III are part of a larger system of service delivery. Essentially the same services were also available under other funding sources (Title XX) in a less restrictive manner, that is, Title III Home Health Aid is limited to 40 hrs/year/client whereas Title XX has no such restriction; Title III Chore Maintenance is limited to $400/year/client while the Title XX limit is $1,000." Martha Hesla, representative of DIAL, memorandum to Phil Hamilton, administrator of community services division of DIAL, Oct. 20, 1981 (hereafter cited as Hesla Memorandum).

[43] 42 U.S.C. §3003(3) (1976). See also: 42 U.S.C. §3026(a)(5)(A) (Supp. III 1979); 45 C.F.R. §1321.109 (1980).

[44] *Characteristics of the Population: Arizona,* tables 24 and 96; unpublished 1970 census data; and *American Indians,* tables 12 and 14. This comparison is based upon 1980 participation data and 1970 poverty data. Since 1980 statistics are not available, for purposes of planning and evaluation PCOA is constrained to use 1970 data for the elderly population.

TABLE 5.6
Older Persons Participating in Title III-Funded Services in Tucson by Race or Ethnicity: 1980

Type of service		Race or ethnicity of participants					
		Total	American Indian	Asian American	Black	Hispanic	White
Access[1]							
In-home							
Chore maintenance	#	229[2]	3	0	21	40	162
	%	(100.0)	(1.3)	(0.0)	(9.2)	(17.5)	(70.7)
Home health aide		182[2]	0	0	17	23	139
		(100.0)	(0.0)	(0.0)	(9.3)	(12.6)	(76.4)
Legal		115	0	0	13	23	79
		(100.0)	(0.0)	(0.0)	(11.3)	(20.0)	(68.7)
Other							
Housing renovation		64	0	0	10	19	35
		(100.0)	(0.0)	(0.0)	(15.0)	(30.0)	(55.0)
Nutrition[3]		1,880	54	3	122	337	1,364
		(100.0)	(2.9)	(0.2)	(6.5)	(17.9)	(72.5)

[1] There are no Title III-funded access services within the city limits of Tucson.

[2] The race or ethnicity of some individuals served was not identified.

[3] These figures only are for the month of October 1980.

Sources: Rudy Gallego, director of housing renovation, interview in Tucson, Dec. 5, 1980; Martha Hesla, representative of DIAL, interview in Tucson, Dec. 9, 1980; Marian Lupu, director, Pima Council on Aging, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 27, 1981; and Nick Scalpone, associate director of Senior Now Generation Programs, Inc., interview in Tucson, Dec. 2, 1980.

minorities do not participate is that "minorities tend to take care of their own: therefore, they wouldn't want our services as much."[45] An American Indian representative gave a different impression of these programs. She said they are not readily accessible to minorities, especially American Indians. According to her, since DIAL does not provide direct outreach to the minority communities, minority older persons often lack knowledge of the existence of programs.[46] In addition, she stated that American Indian elderly complain that Title III-funded organizations' in-home services lack American Indian staff, and the staff who are employed have not been trained to be aware of American Indian culture as it affects older American Indian service needs.[47]

Legal Aid Services

Southern Arizona Legal Aid, Inc., provides services in Tucson with Title III monies. Legal services were provided to 115 individuals during fiscal year 1979–80.[48] Legal Aid's director said that Hispanics and blacks participated in the program, although none of the clients in 1980 were American Indian or Asian American (see table 5.6).

Other Social Services

Housing Renovation: Another Title III–B service provided in the city of Tucson is the housing renovation program run by the city. It is designed to alleviate minor deficiencies in existing housing, not to do major renovations.[49] Extensive outreach is provided by this program.[50] The program is publicized through press coverage, mailings to social service agencies, notices to public libraries, and advertisements in newspapers. Applications are in Spanish and English, and selection of applicants, in part, is based on economic need.[51] There are approximately 150 applications per year. Last year the program served 64 homes of which 55 percent were white Anglo households, 30 percent were Hispanic households, and 15 percent were black households (see table 5.6).

The housing renovation director said that additional outreach probably is needed to secure participation of other minority elderly in the program, since none of the house repairs last year was for Asian American or American Indian households.[52] According to the housing renovation director, the lack of American Indian participation in the program is due to a lack of applications.[53] In this regard, a representative of an American

[45] Phil Hamilton, administrator of community services division of DIAL, interview in Tucson, Dec. 3, 1980 (hereafter cited as Hamilton Interview).

[46] In reviewing the report, a representative of DIAL stated that, "Outreach programs are not provided with the very limited Title III funds by DIAL. However, access to all Title III services subcontracted through DIAL is only through the CSS case management system, which is funded through other sources and does provide outreach to minority communities. Each of the case management agencies does some kind of outreach within their own catchment area (presumably). In addition, PCOA provides a community education component, again funded under other sources." Hesla Memorandum.

[47] Ella Rumley, EEOC/Civil Rights officer for San Xavier, interview in Tucson, Dec. 4, 1980 (hereafter cited as Rumley Interview).

[48] Lupu Letter.

[49] Gallego Interview. Individual renovations are usually less than $2,000 each.

[50] Ibid.

[51] Gallego Interview.

[52] Ibid.

[53] According to the housing renovation director,

Indian organization stated that "American Indian houses are in such bad shape that they are usually ineligible for the program."[54]

Nutrition Services

Title III–C provides funds for nutrition services, including congregate and home-delivered meals. These are provided in Tucson by one organization, Senior Now Generation Programs.[55] Senior Now Generation Programs began 10 years ago with Model Cities money and with one center that served kosher food.[56] Under Model Cities the program grew to five sites.[57] Today, under Title III and other sources of funding, there are 19 nutrition sites, 13 in the city of Tucson[58] (see table 5.7). According to the director, "SNGP provides both socialization and nutrition services in cooperation with many community based agencies."[59]

Lunch or dinner is provided at each of the sites. All menus are determined by Senior Now Generation Programs. According to the representative of SNGP, there is a 3-month menu cycle that is approved by the State nutritionist. All locations receive the same menu on a particular day.[60] All food for the sites in Tucson is prepared at a central location, and meals not eaten there are shipped in insulated carriers to the other nutrition locales.[61]

Except for the kosher meals, which are served at Chi,[62] special menus are not provided for individuals of different backgrounds.[63] The Senior Now Generation Programs' representative remarked

"We have made every attempt to fully publicize the program to everyone, including American Indians, but beyond that I cannot insure that persons from all ethnic groups will apply." Rudy Gallego, director of housing renovation, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 29, 1981 (hereafter cited as Gallego Letter).

[54] Rumley Interview. The director of the housing renovation program concurred with this statement, but also indicated that the housing renovation program "will make repairs to severely dilapidated houses in order to at least improve the liveability of that house to some degree." Gallego Letter.

[55] Senior Now Generation Programs' 1979–80 Title III funding for congregate and home-delivered meals was $505,279.

[56] Scalpone Interview.

[57] Ibid.

[58] Gloria Dulgov, director, Senior Now Generation Programs, Inc., letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 23, 1981 (hereafter cited as Dulgov Letter). As of 1980 there had been no focal point designations (see glossary) by PCOA, but three sites, Marana (located outside of Tucson), El Rio, and Chi Centers, are to be designated as focal points in 1981. McEvers Interview.

[59] Ibid.

[60] The city's housing sites and Armory Park serve dinner. "In addition, breakfast is provided at several of the centers. The hours of center operation are determined largely by the availability of the facility. Within the hours of center operation, we will accommodate, where possible, the participants desire to have either a lunch or dinner meal." Dulgov Letter.
The menus reflect information received from sources over a 10-year period. "In addition, we encourage participants to provide us with feedback on the meals. . . .Through observation and the direct feedback they receive, Center Managers are also able to identify and convey to the appropriate staff how satisfied the participants are with the nutrition services we provide." Ibid.

[61] Scalpone Interview.

[62] Two separate kitchens provide meals to Tucson's elderly. One kitchen is used to prepare the kosher meals and the other prepares the rest of the meals for the Tucson sites. Dulgov Letter.

[63] Special menus are not provided for even though the regulations regarding meals and Title III–C encourage such menus. "The nutrition services provider must provide special menus, where feasible and appropriate, to meet the particular dietary needs arising from the health requirements, religious requirements, or ethnic backgrounds of eligible individuals." 45 C.F.R. §1321.147 (c) (1980).

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TABLE 5.7
Participation at Title III-Funded Nutrition Sites in Tucson by Race or Ethnicity: October 1980

Nutrition sites		Race or ethnicity of participants					
		Total	American Indian	Asian American	Black	Hispanic	White
A-Mountain	#	138	1	0	14	6	117
	%	(100.0)	(0.7)	(0.0)	(10.1)	(4.3)	(84.8)
Armory Park		176	0	0	4	16	156
		(100.0)	(0.0)	(0.0)	(2.3)	(9.1)	(88.6)
Eastside		146	1	0	1	1	143
		(100.0)	(0.7)	(0.0)	(0.7)	(0.7)	(97.9)
El Pueblo		111	3	2	2	38	66
		(100.0)	(2.7)	(1.8)	(1.8)	(34.2)	(59.5)
El Rio		136	2	1	5	104	24
		(100.0)	(1.5)	(0.7)	(3.7)	(76.5)	(17.7)
Chi		347	0	0	4	19	324
		(100.0)	(0.0)	(0.0)	(1.2)	(5.5)	(93.4)
Northwest		74	0	0	23	0	51
		(100.0)	(0.0)	(0.0)	(31.1)	(0.0)	(68.9)
Martin Luther King		47	1	0	12	4	30
		(100.0)	(2.1)	(0.0)	(25.5)	(8.5)	(63.8)
Mirasol		116	4	0	34	66	12
		(100.0)	(3.4)	(0.0)	(29.3)	(56.9)	(10.3)
Pascua		96	38	0	4	17	37
		(100.0)	(39.6)	(0.0)	(4.2)	(17.7)	(38.5)
Santa Rosa		71	2	0	2	53	14
		(100.0)	(2.8)	(0.0)	(2.8)	(74.6)	(19.7)
Tucson House		187	2	0	9	2	174
		(100.0)	(1.1)	(0.0)	(4.8)	(1.1)	(93.0)
Craycroft Towers		52	0	0	5	7	40
		(100.0)	(0.0)	(0.0)	(9.6)	(13.5)	(76.9)

Note: Numbers may not add to 100 percent due to rounding.

Source: Senior Now Generation Programs, Inc. computer printout for October 1980 of unduplicated counts—each person using the service is only counted once during the month.

that "they [Hispanics] can get their beans and tortillas at home."[64] He indicated that the meals served by SNG were what most people wanted to eat.[65] The Pima Council on Aging's response regarding the lack of cultural appropriateness in the meals served was that Senior Now Generation is the provider of nutrition services and it "provides what the greatest need for the area is."[66]

Senior Now Generation Programs serves approximately 1,000 congregate and 300 home-delivered meals a day. During October 1980, of those served[67] by the program, 70.0 percent were white Anglo, 3.2 percent were American Indian, 0.2 percent were Asian American, 7.0 percent were black, and 19.6 percent were Hispanic (see tabie 5.6). The representation of specific minority groups varies greatly by site (see table 5.7). Members from minority organizations said that participation at nutrition sites located in their neighborhoods often does not reflect the needs of minority elderly or the ethnic concentration of the neighborhood.[68] For example, the director of Manzo Area Council stated that the El Pueblo site is in a predominantly Hispanic neighborhood,[69] but only 34.3 percent of the participants are elderly Hispanics and nearly 60 percent of the participants are white Anglo. Another example is the Northwest site, located in a predominantly black neighborhood.[70] Nearly 70 percent of the participants are white, whereas only 31 percent are black (see table 5.7).

Interviews with leaders from minority organizations indicated that minorities may not be participating in the Senior Now Generation Programs' nutrition sites as much as they could largely because minority elderly are unaware of the program's existence and those who are aware feel unwelcome. They stated that the meals offered by the program do

[64] Scalpone Interview.

[65] Ibid. In reviewing the report, Gloria Dulgov, director of Senior Now Generation Programs, stated that, "Although menu cycles are not developed for specific ethnic groups, ethnic meals, i.e., chow mein are incorporated into the regular menu cycle. The menus have been developed to reflect those food items which our participants find most satisfactory." She further stated that, "at one time we maintained a separate food contract for El Rio Center, so the participants could be provided with their ethnic, Hispanic, meals on a daily basis. In 1974, the participants sent in a petition to our main office requesting that they be provided with the same meals as those being provided to other centers. Their rationale being they could address their ethnic food preferences at home if they desired, and they wanted the opportunity to eat different foods." Dulgov Letter.

[66] McEvers Interview.

[67] These data refer to an unduplicated count. Each person using the service is counted only once during the month.

[68] Cowan Interview and Menta Interview.

[69] Other sites that were identified as being in Hispanic neighborhoods are El Rio, Mirasol, and Santa Rosa. Cowan Interview.

[70] The sites that are in black neighborhoods are A-Mountain and Martin Luther King. One site, Pascua, was identified as being in an American Indian neighborhood. In reviewing the report, Gloria Dulgov, director of Senior Now Generation Programs, provided information on the ethnic concentration of two areas. "Based on the census data available for 1980, the participation at both El Pueblo Center and Northwest Center reflects the ethnic concentration of the surrounding neighborhood. El Pueblo Center is located in census tract 37.01, which is 32.80 percent Hispanic. The records cited show that 34.3 percent of the participants at the site are elderly Hispanics. Northwest Center is located in census tract 14, which is 22.30 percent Black. The records cited indicate that 31 percent of the participants at the center are elderly Blacks." Dulgov Letter.

not reflect what minority elderly desire and are accustomed to eating.[71]

SNGP's representative reported that individuals learned about the existence of the nutrition program through the Pima Council on Aging, hospitals, social service agencies information and referral, word of mouth, and the telephone book.[72] Most written information about the program is available only in English.[73]

Service Planning, Program Evaluation, and Monitoring

One way the Pima Council on Aging assesses the needs of the elderly in Tucson is to hold public hearings.[74] In addition, the Pima Council on Aging provided a small amount of money ($250) to the information and referral survey of unmet needs in the city of Tucson.[75] As a way of monitoring its Title III-funded organizations, the Pima Council on Aging requires them to submit a monthly report that indicates the number and ethnicity of clients served and the amount of grant money disbursed. According to PCOA staff, these reports are reviewed to make sure that the Title III-funded organizations are not overspending or underspending their funds[76] and to monitor minority participation in the programs.[77]

Summary

The city of Tucson, Arizona, is diverse in its racial and ethnic composition. The largest minority group in Tucson is Hispanic, representing 24.9 percent of the city's total population. Tucson also has a sizable minority elderly population who, relative to white Anglo elderly, disproportionately are in poverty. The area agency with jurisdiction over Tucson is the Pima Council on Aging (PCOA). There were black, Hispanic, and American Indian representatives on the Pima Council on Aging's advisory council. There were no Asian American representatives on the council.

Minorities were not represented on its Title III-funded staff. The Pima Council on Aging is required to have an affirmative action plan and submit the plan to

[71] Rumley Interview, Cowan Interview, and Jose Gabriel-Loyola, vice-president, director of Chicanos Por La Causa, Inc., interview in Tucson, Dec. 8, 1980 (hereafter cited as Gabriel-Loyola Interview). Denny Interview, Menta Interview, Urias Interview, and Lupu Sinohui, representative of Pascua Neighborhood Center, interview in Tucson, Dec. 1, 1980 (hereafter cited as Sinohui Interview).
In reviewing the report, Gloria Dulgov, director, Senior Now Generation Programs, strongly disagreed with the notion that her program did not encourage minority participation. She stated that, "The percentage of our minority field staff, 45%, indicates we are making a good effort to assure our staff can respond to the needs of the minority community. Our program developed out of a Model Cities Project, whose trust was the development of programs in the inner city area to meet the needs of the minority community. In addition, several of our bilingual staff have appeared on both radio and television programs directed to the Hispanic community, given interviews to the newspaper, participated in community workshops and university programs, etc. all directed to the Hispanic community. As an example,. . .is a newspaper article written in Spanish highlighting El Rio Center and the Center's director, Mary Salazar. In addition, the staff maintains good working relationships with other Hispanic organizations in their community and does outreach in the neighborhood surrounding the center to assure individuals needing our services are identified." Dulgov Letter.

[72] Scalpone Interview and Dulgov Letter.

[73] Ibid.

[74] McEvers Telephone Interview.

[75] Ibid.

[76] Lupu and McEvers Interview.

[77] Betty McEvers, associate director, Pima Council on Aging, telephone interview, Nov. 10, 1981. If there was a problem PCOA would discuss it with the Title III-funded organizations. Ibid.

the State unit on aging. According to Pima Council on Aging representatives, the council had not been able to implement the plan, since there was so little staff turnover at the agency.

In 1980, PCOA funded four organizations under Title III to provide legal aid, home health aides and chore maintenance, housing renovation, and nutrition services. None of the organizations was minority. The Pima Council on Aging anticipated no new Title III-funded organizations, since all additional funds it received would go into maintaining or expanding the funding of existing organizations.

For the most part, minorities were not employed in decisionmaking positions within Title III-funded programs. One exception to this was the city of Tucson's housing renovation program whose director was Hispanic. Although all Title III-funded organizations were required to have affirmative action plans, Pima Council on Aging staff said that the agency did not have enough staff to monitor Title III-funded organizations' efforts.

Three Title III–B programs served Tucson's elderly: in-home services, legal aid services, and housing renovation services. Only three American Indians and no Asian Americans were participating in the in-home health aide and chore maintenance services. The legal aid program was serving neither American Indians nor Asian Americans. Minority elderly received a greater share of services under the housing renovation program, but American Indians and Asian Americans were not served by it. Senior Now Generation provided all of the Title III–C nutrition services in Tucson. With the exception of kosher food, no culturally appropriate meals were provided.

Chapter 6

Tulsa, Oklahoma

Demographic Profile

Tulsa is the second largest city in Oklahoma. According to 1980 census data, the total population of Tulsa is 360,919 of whom 16 percent (59,147) are minorities.[1] Blacks represent 11.8 percent and Asian and Pacific Island Americans less than 1.0 percent of the city's population. An estimated 1.7 percent of Tulsa's population is Hispanic.[2] Although blacks are the largest minority group, Tulsa has one of the highest concentrations of American Indians of any metropolitan city in the United States. Census data for 1980 show that nearly 4 percent of Tulsa's population is American Indian (see table 6.1).

In 1970, the latest year for which statistics are available by age, approximately 13 percent (43,230) of Tulsa's population was over 60.[3] Approximately 88 percent of the total elderly population was white and 12 percent was minority (see table 6.2). Blacks represented 10.0 percent of the elderly population, and less than 1 percent was represented by Hispanics.[4] Separate statistics for American Indian elderly who resided in Tulsa were unavailable; however, the U.S. Bureau of the Census estimates show that American Indian elderly accounted for nearly 12 percent of the Indian population of the Tulsa Standard Metropolitan Statistical Area (see table 6.2).[5]

Tulsa Area Agency on Aging

The Tulsa Area Agency on Aging (TAAA) provides Title III services for senior citizens in Tulsa.[6] TAAA is responsible for developing a comprehensive and coordinated delivery system for

[1] U.S., Department of Commerce, Bureau of the Census, *Advance Reports, Oklahoma, 1980 Census of Population and Housing,* table 1.

[2] Ibid.

[3] U.S., Department of Commerce, Bureau of the Census, *Characteristics of the Population: Oklahoma,* 1970 Census of Population, vol. 1, pt. 38, table 24 (hereafter cited as *Characteristics of the Population: Oklahoma).*

[4] *Characteristics of the Population: Oklahoma;* and U.S., Department of Commerce, Bureau of the Census, *Census Tracts, Tulsa, Okla.,* 1970 Census of Population and Housing, no. PHC(1)-219, table p-7 (hereafter cited as *Census Tracts, Tulsa, Okla.).*

[5] The Bureau of the Census defined the Tulsa SMSA in 1970 as Osage, Tulsa, and Creek Counties. *Census Tracts, Tulsa, Okla.*

[6] The Tulsa Area Agency on Aging also provides Title III services to elderly who reside in Osage and Creek Counties.

TABLE 6.1
Distribution of Tulsa's Population by Race or Ethnicity: 1980

Race or ethnicity	General population	
	Number	Percent
American Indians/Alaskan Natives	13,740	3.8%†
Asian and Pacific Island Americans	2,813	0.8
Blacks	42,594	11.8
Other	3,658	1.0
Whites	298,114	82.6
Total	360,919	100.0%
Hispanics[1]	6,189	1.7%

† This can be interpreted as follows: In 1980, 13,740 or 3.8 percent of Tulsa's population was American Indian/Alaskan Native.

[1] Persons of Spanish origin (Hispanics) are also included in the racial categories of this table. The U.S. Bureau of the Census estimates that in 1980, 55.6 percent of Hispanics identified themselves as white, 2.7 percent as black, 0.6 percent as American Indian Alaskan Native, 1.1 percent as Asian and Pacific Island American, and 40.0 percent refused to identify themselves as one of these races and instead classified themselves as "other." U.S., Department of Commerce, Bureau of the Census, *Commerce News* Feb. 23, 1981, table 3.

Source: U.S., Department of Commerce, Bureau of the Census, *Advance Reports, Oklahoma, 1980 Census of Population and Housing*, table 1.

TABLE 6.2
Distribution of the Elderly Population of Tulsa by Race or Ethnicity: 1970

Race or ethnicity	Population 60 years and older	
	Number	Percent
American Indians/Alaskan Natives	*	*
Asian and Pacific Island Americans	**	**
Blacks	4,320	10.0†
Other	951	2.2
Whites	37,959	87.8
Total	43,230	100.0%
Hispanics[1]	207	0.5%

† This can be interpreted as follows: In 1970, 4,320 or 10.0 percent of Tulsa's elderly population was black.

* In 1970, elderly American Indians were not identified separately for the city of Tulsa. However, data for the Tulsa Standard Metropolitan Statistical Area (SMSA), which includes Tulsa, Creek, and Osage Counties, showed that American Indians accounted for 3.2 percent of the SMSA's population, and that 11.8 percent of this Indian population was 60 years and older. According to the assistant Director for the Indian Nations Council of Governments (INCOG), the proportion of the Indian population that resides within the SMSA is comparable to the percentage that resides within the city of Tulsa; no estimates, however, of the proportion of that population that is 60 years and older was available. U.S., Department of Commerce, Bureau of the Census, *Characteristics of the Population: 1970, American Indians*, 1970 Census of the Population, no. PC(2)-1G, table 12.

** In 1970, elderly Asian and Pacific Island Americans were not identified separately for Tulsa and are included in the "other" category; therefore, a figure for elderly Asian Americans cannot be given.

[1] Persons of Spanish origin (Hispanics) are also included in the racial categories of this table. The U.S. Bureau of the Census estimates that in 1970, 93.3 percent of Hispanics identified themselves as white, 5.0 percent as black, 0.3 as American Indian/Alaskan Native, 0.4 percent as Asian and Pacific Island American, and 1.0 percent refused to identify themselves as one of these races and instead classified themselves as "other." U.S. Bureau of the Census, *Commerce News*, Feb. 23, 1981, table 3.

Sources: U.S., Department of Commerce, Bureau of the Census, *Characteristics of the Population: Oklahoma, 1970*, Census of Population: Vol. 1, part 38, table 24; and U.S., Department of Commerce, Bureau of the Census, *Census Tracts, Tulsa, Okla.*, 1970 Census of Population and Housing, no. PHC (1)-219, table p-7.

services that are needed by elderly Tulsans.[7] Other responsibilities of the TAAA include planning assistance, advocacy activities, and the dissemination of financial awards to service providers.[8] The TAAA is part of the Tulsa City Development Department and reports its activities to the mayor and board of commissioners through the director of city development.[9]

In FY 1979,[10] TAAA's budget was $528,809, of which 79 percent was Title III funding.[11]

Tulsa Area Council on Aging

The Tulsa Area Council on Aging (TACA) is the advisory council to TAAA[12] and is composed of 47 members with the mayor of Tulsa serving as the chairman of the body.[13] Council members are generally appointed by the mayor for 1-year terms.[14] Of the 46 council members who were appointed, 36 (78.3 percent) were white and 11 (23.9 percent) were minority—7 (15.2 percent) black and 4 (6.7 percent) American Indian.[15] No Hispanics or Asian and Pacific Island Americans were on the council.[16]

The primary responsibility of the council is to provide guidance to the TAAA concerning the needs of the elderly and to help develop the programs necessary to meet those needs. More specifically, the council advises TAAA on: (1) the development and administration of the area plan; (2) the conduct of public hearings; and (3) the review of all community policies and programs that affect older persons.[17]

Employment Practices of the Tulsa Area Agency on Aging

Minority Representation on TAAA Staff

In 1974 the staff of TAAA consisted of employees previously employed by the former city agency on aging. There were four staff members, three whites and one American Indian.[18] By 1980 staff also included a black and an Asian (see table 6.3).[19] Whites on TAAA staff hold the positions of director, planner, and secre-

[7] Boyd Talley, director, Tulsa Area Agency on Aging, interview in Tulsa, Dec. 1, 1980 (hereafter cited as TAAA Interview).

[8] Ibid.

[9] The city of Tulsa is administered by a mayor and a board of commissioners. The board is made up of commissioners who represent the four major city departments. The office of the mayor is responsible for these departments, which include the department of city development. The department of city development is divided into the manpower planning division, the neighborhood development division, and the Tulsa Area Agency on Aging. TAAA Interview.

[10] Data on Tulsa are provided for the 1979 calendar year, since 1980 estimates were unavailable.

[11] Additional funding included $25,185 from the State, $3,000 from project income, and $85,497 in local in-kind and cash support.

[12] TACA also acts as advisory council to the mayor and the board of commissioners. TAAA Interview.

[13] The mayor of Tulsa serves as the chairman of the TACA and as the chief executive officer of the city, may appoint a person to represent him before the council. The current position of designate has been held for the past 2-1/2 years by a black male who also serves as the finance commissioner for the city of Tulsa. TAAA Interview.

[14] Members can be appointed to additional 1-year terms at the discretion of the mayor.

[15] TAAA Interview.

[16] In review of this chapter, the director of the Tulsa Area Agency on Aging noted that in 1979 a Hispanic member was appointed to the council but never participated and was dropped. Boyd Talley, manager, Tulsa Area Agency on Aging, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 26, 1981 (hereafter cited as Talley Letter).

[17] TAAA Interview.

[18] Ibid.

[19] Ibid.

TABLE 6.3
Employees of the Tulsa Area Agency on Aging by Position and Race or Ethnicity: 1980

Positions	Total	Race or ethnicity of employees: American Indian	Asian American	Black	Hispanic	White
Full time						
Director	1	0	0	0	0	1
Planner	2	1	0	0	0	1
Secretary	1	0	0	0	0	1
Clerk	1	0	0	1	0	0
Subtotal	5	1	0	1	0	3
Part time						
Accountant	1	0	1	0	0	0
Subtotal	1	0	1	0	0	0
Grand total	6	1	1	1	0	3
Percentages	(100.0)	(16.6)	(16.6)	(16.6)	(0.0)	(50.0)

Note: Numbers may not add to 100 percent due to rounding.
Source: Boyd Talley, director, Tulsa Area Agency on Aging, interview, Dec. 1, 1980.

tary. The minorities are an American Indian planner, an Asian accountant, and a black clerk. In 1980 TAAA's staff was 50 percent minority and the agency was recruiting to fill a social work position.[20] Personnel recruitment is handled by the city of Tulsa personnel office and according to merit procedures. Efforts are made to recruit candidates within the city government labor force. When no one is available, the search is expanded to candidates outside of city government.[21]

Affirmative Action

The most recent affirmative action plan prepared by TAAA covers the period January–December 1979. The plan did not specifically address recruitment of racial and ethnic minorities, but contained the provision that "the City of Tulsa Personnel Department and the Agency [will] cooperate in recruitment for available positions without regard to race, color, creed, age, national origin or ancestry,. . ."[22] As part of TAAA's recruitment activities, vacancy announcements were to be posted within the city, and the agency was to "document all informal contacts with minority agencies, organizations and individuals regarding job opportunities in the Agency."[23]

The affirmative action plan also contained the goal of establishing an EEO

[20] According to the TAAA director, the agency hired a white female from outside of city government to fill the social work position in April 1981. The social worker is the first female professional on TAAA staff. Boyd Talley, director, TAAA, telephone interview, Aug. 21, 1981 (hereafter cited as Talley Telephone Interview.

[21] Ibid.

[22] Tulsa Area Agency on Aging, "Affirmative Action Plan: 1979," p. 4.

[23] Ibid.

committee to be made up of all agency staff, both professional and clerical, by January 1, 1979. Committee activities were largely to consist of reviewing the implementation of the plan and, when necessary, recommending changes.[24] Prior to 1980 TAAA prepared an affirmative action plan that was included in the overall plan for the city of Tulsa.[25] The plan was monitored annually by Tulsa's Human Rights Commission and the Oklahoma Commission for Human Services' Special Unit on Aging, and TAAA's director served as the agency's equal employment opportunity coordinator.[26] Beginning October 1, 1980, TAAA was no longer required to prepare an affirmative action plan. The city personnel department is now responsible for the preparation of an affirmative action plan that includes all city government agencies. According to TAAA's director, the city of Tulsa receives many kinds of Federal funds, with varying compliance requirements; designating one department (personnel) responsible for affirmative action plan preparation was viewed as an efficient manner of handling this Federal obligation.[27]

[24] Ibid., p. 3.
[25] Ibid., p. 2.
[26] Ibid., p. 3.
[27] TAAA Interview.
[28] During 1980 the city of Tulsa underwent a fiscal system change, moving from a calendar fiscal year to a Federal fiscal year, beginning Oct. 1, 1980. The transition to the new fiscal system disrupted many administrative operations, including accounting procedures and fund disbursement. Thus, the last full budget figures available are for 1979.
[29] Included in that budget figure of $528,809 were $25,185 in State funds, $3,000 project income, and $85,497 in local in-kind and cash funds. TAAA *Annual Report: 1979*, pp. 1–2.

Title III Funds Awarded by the Tulsa Area Agency on Aging

A total of $528,809 was distributed in the Tulsa Planning and Service Area in 1979,[28] of which $415,130 were Title III–B funds.[29] Seven organizations received a total of $178,867[30] in Title III–B funds to provide services such as legal aid, transportation, health services, information and referral, and employment placement services to older Tulsans (see table 6.4.).

Minority Representation Among Title III-Funded Organizations

TAAA funded two minority organizations in 1979: the Native American Coalition (NAC) and the Tulsa Human Service Agency (THSA).[31] The Native American Coalition received $47,456 to provide transportation to older persons in Tulsa[32] and operate a senior center. The center provided social services and recreational activities to older persons, mostly American Indians.[33]

The Tulsa Human Services Agency was awarded $14,627 to provide limited transportation to older persons participating in Title III–C nutrition programs. In 1980, THSA received III–C funds directly from the State special unit on

[30] Ibid.
[31] TAAA Interview.
[32] The Native American Coalition's transportation program was set up to supplement transportation services to older persons provided by Metropolitan Tulsa Transit Authority. Though older American Indians were provided trips outside of Tulsa, e.g., American Indian clinics and hospitals, NAC's program served all older Tulsans. Pamela Chibitty, director, Native American Coalition, interview in Tulsa, Dec. 2, 1980 (hereafter cited as Chibitty Interview).
[33] Chibitty Interview.

TABLE 6.4
Title III-B (Social Services) Awards in Tulsa: 1979

Organizations[1]	Amount	Minority (X)	Type of service
Legal Services for Eastern Oklahoma	$ 25,600		Legal services for the elderly
Native American Coalition	47,456	X	Senior center and transportation
Tulsa City County Health Department	34,371		Health support
Tulsa City County Library	41,498		Information and referral
Tulsa Human Service Agency—Tulsa Elderly Transportation	14,627	X	Transportation
Tulsa Senior Citizen Centers—Jobs for Older Tulsans	15,315		Employment placement
Total	$178,867		

[1] 1979: Last full funding year under calendar fiscal year Jan. 1, 1979–Dec. 31, 1979.

Sources: Tulsa Area Agency on Aging, *Annual Report: 1979*, p. 2.
Tulsa Area Agency on Aging, "Directory of Services for the Elderly," (January 1980).

aging ($341,553) to operate about 17 meal sites throughout Tulsa County and an additional $26,652 to provide transportation to nutrition program participants. Funding responsibility was transferred to TAAA at the beginning of the new Federal fiscal year, October 1, 1980.[34] THSA is a community action organization with a largely minority staff. Blacks account for about 80 percent of its employees, though its board is mostly white.[35]

TAAA Title III Award Process

TAAA's director stated that, over a period of time varying between 1 and 2 years, the agency's planners work with organizations which may be potential recipients of Title III funds. During this preaward phase, planners provide technical assistance in areas such as fund raising, incorporation, and needs assessment.[36]

Applications are reviewed and processed by TAAA. However, the actual award is made by the city of Tulsa. Prior to the award, the resource allocation committee of the Tulsa Area Council on Aging reviews the funding recommendations of the TAAA director and recommends approval to the full body of TACA.[37] In 1979 funding consideration was given to programs that served those in greatest social and economic need, and those located in rural areas.[38] According

[34] Tulsa Human Services Agency, *Working Toward the Mainstream* (1980), p. 7.

[35] TAAA Interview. According to the TAAA director, THSA's board of directors had, through an election in 1980, become mostly white.

[36] Ibid.

[37] TAAA Interview.

[38] Tulsa Area Agency on Aging, *Area Plan on Aging*, p. 3.B (hereafter cited as *Area Plan on Aging*).

to TAAA's director, the agency's funding efforts were initially directed to organizations in the city of Tulsa but now focus on organizations in outlying rural areas.[39]

Title III-Funded Organizations' Employment Patterns

Title III–B funded organizations serving Tulsa had staffs which were almost exclusively white in 1979. Programs were operated by small staffs, usually one to five employees. Four organizations had all-white staffs:[40] Legal Aid for Senior Citizens, Tulsa City County Health Department, Tulsa City County Library, and Jobs for Older Tulsans.[41] The Native American Coalition's transportation program had the most racially diverse staff (see table 6.5). Staff consisted of four persons: two American Indians (50 percent), one black (25 percent), and one white (25 percent).[42] The Tulsa Human Service Agency's elderly nutrition transportation program staff was 80 percent white and 20 percent black.[43] None of Tulsa's III–B funded organizations employed Hispanics or made provisions for bilingual Indian or Hispanic program workers. There were also no Asian or Pacific Island American employees among the Tulsa Title III-funded organizations (see table 6.5).

TAAA Compliance Monitoring

Beginning in 1979, TAAA required all Title III-funded organizations to have affirmative action plans for employment and staffing.[44] Goals and timetables were not required, and many did not have them.[45] However, organizations are expected to provide a certain percentage of service to minorities, as established in their funding application. Participation rates for minorities are then monitored quarterly as part of TAAA's onsite review.[46] In addition to the award provisions for minority participation and affirmative action plan requirements for employment, organizations also must sign a "Standard Provisions and Assurances" statement that includes assur-

[39] TAAA Interview. TAAA serves a predominantly rural tricounty area. The most urban area is represented by the city of Tulsa and "of primary concern is the determination of an adequate allocation system between the metropolitan and non-metropolitan areas for the limited funds that are available." *Area Plan on Aging,* p. 3.B. For example, in 1970, 10.0 percent of Tulsa's older population was black. An equitable funding formula is therefore essential to guarantee the participation of urban older persons, including minorities, in the Title III service delivery systems.

[40] The staffs of these four organizations reflect only those persons employed by Title III-funded programs.

[41] Patricia Basnett, attorney, Legal Aid for Senior Citizens, interview in Tulsa, Dec. 2, 1980 (hereafter cited as Basnett Interview); Sue Sharp, R.N., B.S.N., project coordinator, Tulsa City County Health Department-Health Support Program, interview in Tulsa, Dec. 3, 1980 (hereafter cited as Sharp Interview); Opal Brewer, coordinator, Tulsa City County Library-Senior Citizens Information and Referral Service, interview in Tulsa, Dec. 21, 1980 (hereafter cited as Brewer Interview); and Norma Nichols, coordinator, Jobs for Older Tulsans, interview in Tulsa, Dec. 4, 1980 (hereafter cited as Nichols Interview).

[42] Mary Lee Hoag, senior citizens department coordinator, Native American Coalition, interview in Tulsa, Dec. 3, 1980 (hereafter cited as Hoag Interview). In her capacity as NAC's senior citizens department coordinator, Ms. Hoag manages the Native American Senior Center and Older Americans Transportation Program.

[43] George McRoberts, coordinator, THSA Elderly Nutrition Transportation, interview in Tulsa, Dec. 4, 1980 (hereafter cited as McRoberts Interview).

[44] 45 C.F.R. §1321.69(d)(1980).

[45] TAAA Interview. According to TAAA's director, goals and timetables are difficult to adhere to if organizations are one- or two-person operations.

[46] Talley Telephone Interview.

TABLE 6.5

Persons Employed by Title III-Funded Organizations in Tulsa by Position and Race or Ethnicity: 1979

Organizations/job positions	Total	Race or ethnicity of employees: American Indian	Asian American	Black	Hispanic	White
Legal Aid for Senior Citizens	(2)	(0)	(0)	(0)	(0)	(2)
Attorney	1	0	0	0	0	1
Paralegal	1	0	0	0	0	1
Native and American Senior Center and Native American Transportation[1]	(4)	(2)	(0)	(1)	(0)	(1)
Senior citizens department coordinator	1	1	0	0	0	0
Assistant coordinator	1	1	0	0	0	0
Dispatcher	1	0	0	0	0	1
Driver	1	0	0	1	0	0
Tulsa City County Health Department	(3)	(0)	(0)	(0)	(0)	(3)
Nurse (full time)	1	0	0	0	0	1
Nurse (part time)	1	0	0	0	0	1
Dietician (part time)	1	0	0	0	0	1
Tulsa City County Library	(5)	(0)	(0)	(0)	(0)	(5)
Director	1	0	0	0	0	1
Coordinator	1	0	0	0	0	1
Information and referral specialist	3	0	0	0	0	3
Tulsa Human Service Agency Elderly Nutrition Transportation	(5)	(0)	(0)	(1)	(0)	(4)
Coordinator (part time)	1	0	0	0	0	1
Bus drivers	4	0	0	1	0	3
Jobs for Older Tulsans	(1)	(0)	(0)	(0)	(0)	(1)
Coordinator	1	0	0	0	0	1

[1] Native American Transportation is now known as Older American Transportation.

Sources: Patricia Bassett, attorney, Legal Aid for Senior Citizens, interview, Dec. 2, 1980; Mary Lee Hoag, coordinator, Senior Citizens' Department, Native American Coalition, interview, Dec. 3, 1980; Sue Sharp, R.N., B.S.N., project coordinator, Health Support Services, Tulsa City County Health Department, interview, Dec. 3, 1980; Opal Brewer, coordinator, Senior Citizens Information and Referral Service, Tulsa City County Library, interview, Dec. 2, 1980; George McRoberts, coordinator, Elderly Nutrition Transportation, Tulsa Human Service Agency, interview, Dec. 4, 1980; Norma Nichols, coordinator, Jobs for Older Tulsans, interview, Dec. 4, 1980.

ances pertaining to staff training and development, and nondiscrimination in service delivery and employment as required under Titles VI and VII of the 1964 Civil Rights Act.[47] The Tulsa Area Agency on Aging conducts quarterly onsite compliance reviews, followed by a written status report to the Title III-funded organization. When problems are identified, a letter indicating that accompanies the report. When necessary, technical assistance is provided by TAAA as well.[48] According to the TAAA director, overall agency goals for minority hiring and participation among Title III-funded organizations were met.

Minority Participation in TAAA-Funded Services

It is the responsibility of the Tulsa Area Agency on Aging to develop and administer programs that meet the needs of elderly Tulsans, with special emphasis on providing services to those with the greatest social and economic need.[49] In general, Tulsa's minority elderly are disproportionately in poverty relative to nonminority elderly. In 1970, 24 percent of the white elderly population[50] was below the poverty level,[51] whereas nearly 49 percent of the black elderly population was in poverty.[52] Poverty statistics for the Tulsa SMSA[53] showed 33.2 percent of American Indian elderly in poverty.[54] These statistics show that the burden of poverty falls heaviest on elderly minority citizens.[55]

Four general categories of service programs[56] are provided by TAAA through Title III funds; access, in-home, legal, and health support.

Access Services

Information and referral (I&R) and transportation are the two access ser-

[47] 42 U.S.C. §§2000d, 2000e (1976); Exec. Order No. 11246, 3 C.F.R. 339 (1964–1965 Comp.); Exec. Order No. 11375, 3 C.F.R. 684 (1966–1970 Comp.); 41 C.F.R. Pt. 60–2 (1980); 45 C.F.R. §80.3 (1980). *Area Plan on Aging,* Pt. I, sec. 5; sec. IX–Standard Provisions and Assurances, n.d.

[48] Talley Telephone Interview.

[49] 45 C.F.R. §1321.109 (1980).

[50] The U.S. Bureau of the Census did not publish separate poverty statistics for the white population residing in Tulsa in 1970. However, statistics are available from the U.S. Bureau of the Census for the total number of elderly persons in Tulsa who were in poverty in 1970. Since 88 percent of the total elderly population of Tulsa in 1970 was white, poverty data for the city as a whole can be used as a proxy for the percentage of elderly whites in poverty. *Characteristics of the Population: Oklahoma,* table 24.

[51] *Characteristics of the Population: Oklahoma,* table 207. 1970 is the latest year for which poverty statistics are available.

[52] Ibid.

[53] The Bureau of the Census defined the Tulsa SMSA in 1970 as Osage, Tulsa, and Creek Counties.

[54] In 1970 elderly American Indians were not identified separately for the city of Tulsa. However, data for the Tulsa Standard Metropolitan Statistical Area, showed that American Indians accounted for 3.2 percent of the SMSA's population and that 11.8 percent of this Indian population was 60 years and older. According to the assistant director for the Indian Nations Council of Governments (INCOG), the proportion of the Indian population that resides within the SMSA can be used as a proxy for the percentage of American Indians that reside within the city of Tulsa. U.S., Department of Commerce, Bureau of the Census, *American Indians,* 1970 Census of Population, no. PC(2)–1F, table 12.

[55] 1970 poverty statistics for persons of Spanish language show that 15 percent of elderly Hispanics were in poverty. *Characteristics of the Population: Oklahoma,* tables 96 and 101; and *Census Tracts, Tulsa, Okla.,* table P–7.

[56] Responsibility for the nutrition program was transferred to TAAA as of Oct. 1, 1980. Prior to this date, the Tulsa Human Resources Agency operated the program in Tulsa, Osage, and Creek Counties.

vices funded by the Tulsa Area Agency on Aging.

Information and Referral: Tulsa's information and referral (I&R) is almost exclusively a call-in service headquartered in the downtown public library, although a significant number of library "walk-ins" receive I&R services.[57] Minority utilization of I&R services, however, is difficult to assess, according to the coordinator of the program. In order to obtain the statistics required by TAAA, I&R staff must "canvas callers as to their race or national origin" and on occasion "make reasonable judgments over the phone as to the racial and ethnic identity of the caller."[58] Participation estimates for a 3-month period show that 1,656 senior citizens received I&R services either over the phone or in person. During the quarter, October–December 1980, approximately 756 of the program participants were minorities—486 blacks, 228 American Indians, 30 Hispanics, 12 Asian and Pacific Island Americans, and 6 other (see table 6.6).[59] These figures suggest that, in general, minorities have access to I&R program benefits (see also table 6.2). If, however, the number of minorities in the greatest economic and social need is to be considered, these figures indicate that the program is not adequately serving minority elderly persons.[60] For example, the fact that approximately 49 percent of elderly persons in poverty were black but less than 14 percent of those served in the I&R program were black indicates that there is black underrepresentation in the program. The figures also ignore the fact that a much greater number of older American Indian persons are poor than whites (see note below).

Transportation: The Tulsa Area Agency on Aging administers two Title III-funded transportation programs.[61] The Native American Transportation for Older Americans program provides transport services to elderly persons for medical appointments and shopping activities.[62] Senior citizens are generally informed about the services by word of mouth and through referrals from I&R. During the quarter, October–December 1980, this program served approximately 246 senior citizens—153 whites, 11 blacks, 78 American Indians, and 4 Hispanics (see table 6.6). The data indicate that nearly 38 percent of the participants in the program were minorities and 62 percent were white. Title III-funded organizations and representatives of other programs that serve the elderly community have indicated that one of the biggest problems that American Indian and other elderly citizens face in Tulsa is lack of transportation.[63]

[57] Brewer Interview. The Tulsa City and County Library houses the headquarters office, and satellite I&R offices are maintained in Osage and Creek Counties.

[58] TAAA Interview and Brewer Interview.

[59] Brewer Interview.

[60] 45 C.F.R. §1321.45 (1980).

[61] Community development grants and general revenue sharing programs also provide transportation services to senior citizens in Tulsa. These programs are "targeted in the near northside area of Tulsa in which the greatest number of black residents live." Talley Letter.

[62] Hoag Interview.

[63] Debbie Ruggles, coordinator, senior citizens and handicap program, Metropolitan Tulsa Transit Authority, interview in Tulsa, Dec. 1, 1980. Carmelita Skeeter, administrator, Indian Health Agency, interview in Tulsa, Dec. 3, 1980 (hereafter cited as Skeeter Interview); Kathy Peppito, coordinator, Meals on Wheels, interview in Tulsa, Dec. 4, 1980.

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TABLE 6.6

Older Persons Participating in Title III-Funded Services in Tulsa by Race or Ethnicity: 1980

Type of service		Total[1]	Race or ethnicity of participants: American Indian	Asian and Pacific Island American	Black	Hispanic	White	Other
Access								
Information and referral	#	1,656	228	12	486	30	894	6
	%	(100.0)	(13.8)	(0.7)	(29.3)	(1.8)	(54.0)	(0.4)
Transportation								
Native American transportation		246	78	0	11	4	153	0
		(100.0)	(31.7)	(0.0)	(4.5)	(1.6)	(62.2)	(0.0)
THSA elderly transportation		219	12	0	14	0	193	0
		(100.0)	(5.5)	(0.0)	(6.4)	(0.0)	(88.1)	(0.0)
In-home								
Homemaker and home health aide[2]		312	14	0	8	0	290	0
		(100.0)	(4.4)	(0.0)	(2.6)	(0.0)	(93.0)	(0.0)
Legal		268	1	0	12	0	255	0
		(100.0)	(0.4)	(0.0)	(4.5)	(0.0)	(95.1)	(0.0)
Other								
Health support		527	6	0	40	0	481	0
		(100.0)	(1.1)	(0.0)	(7.6)	(0.0)	(91.3)	(0.0)
Jobs for older Tulsans		63	0	0	4	0	59	0
		(100.0)	(0.0)	(0.0)	(6.3)	(0.0)	(93.7)	(0.0)
Nutrition[3]		1,768	111	3	51	7	1,593	0
		(100.0)	(6.3)	(0.2)	(2.9)	(0.4)	(90.2)	(0.0)

[1] The data are for the 3-month period, October–December 1980.

[2] Although Sunshine Services was funded by TAAA in November 1980, in-home service delivery did not begin until January 1981. Since homemaker home health aide services was the only Title III program that did not provide services during the quarter, October–December 1980, no participation statistics were available for that period. Quarterly participation statistics above, therefore, were reported for the quarter January–March 1981. Lawrence Blonsky, director, Sunshine Services, telephone interview, Aug. 17, 1981.

[3] Data above are for the 13 Title III sites. THSA also operates four sites funded by Community Development Grants. Participation data by race or ethnicity for those sites show that a total of 503 elderly persons received services at those sites—31 (6.2 percent) American Indian; 167 (33.2 percent) black; 3 (0.6 percent) Hispanic, and 302 (60.0 percent) white. No Asian and Pacific Island Americans participated at the sites.

Note: Numbers may not add to 100 percent due to rounding.

Sources: Opal Brewer, coordinator, Information and Referral Service, interview in Tulsa, Dec. 2, 1980; Mary Lee Hoag, coordinator, Native American Transportation, interview in Tulsa, Dec. 3, 1980; George McRoberts, coordinator, Tulsa Elderly Transportation, interview in Tulsa, Dec. 5, 1980; Lawrence Blonsky, director, Sunshine Services, telephone interview, Aug. 17, 1981; Patricia Basnett, attorney, Legal Aid, interview in Tulsa, Dec. 2, 1980; Sue Sharp, R.N., B.S.N., project coordinator, Health Support Program, interview in Tulsa, Dec. 3, 1980; Norma Nichols, coordinator, Jobs for Older Tulsans, interview in Tulsa, Dec. 4, 1980; Harlin Tomlin, director, Elderly Nutrition Program, Tulsa Human Services Agency, interview in Tulsa, Dec. 3, 1980.

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The Tulsa Human Services Agency is also funded by TAAA to provide transportation service to seniors participating at the Title III nutrition sites. The coordinator for the project indicated that approximately 219 elderly city residents received transportation services between October and December 1980.[64] Minorities represented 28 of the total number of persons served—14 blacks, 12 American Indians, and 2 Hispanics. The fact that minority elderly have the greatest economic and social need but represent less than 13 percent of those receiving transportation services indicates that they are underrepresented in the program.

In-Home Services

One Title III-funded organization provides in-home services to the elderly in Tulsa.[65] Sunshine Services is funded by the Tulsa Area Agency on Aging to provide homemaker and home health aide service to senior citizens and to homebound persons.[66] During January–March 1981, 312 elderly persons received Title III in-home services.[67] Of this total, 290 participants were white and 22 minority—14 American Indians and 8 blacks.[68] These data indicate that few Title III in-home services are reaching the elderly minority community.[69] Senior citizens are informed of this program through word of mouth, although, according to the director, advertisements in the media are occasionally used. He stated that Sunshine Services also receives referrals from the I&R service and from other social service agencies in Tulsa.[70] Representatives of minority senior citizen advocacy organizations believe that elderly minorities are not benefiting from the Title III in-home services as much as they could.[71]

Legal Services

Legal Services of Eastern Oklahoma, Inc., receives Title III funds from the Tulsa Area Agency on Aging to provide legal services to the elderly in Tulsa. Nearly 95 percent of the participants are white (see table 6.6).[72] According to the program's attorney, outreach efforts are generally limited to presentations before community groups.[73] Approximately 268 senior citizens participated in the program over a 3-month period between October and December 1980:[74] 255 whites, 12 blacks, and 1 American Indian.[75]

The attorney views the low participation of minorities in the program as

[64] McRoberts Interview.

[65] In-home services were funded by TAAA in November 1980.

[66] The program provides personal care and light housekeeping for individuals unable to care for themselves. Lawrence Blonsky, director, Sunshine Services, interview in Tulsa, Dec. 3, 1980 (hereafter cited as Blonsky Interview).

[67] Although Sunshine Services was funded in November 1980, service delivery did not begin until January 1981. For this reason, the program reported participation statistics for the quarter, January–March 1981.

[68] Blonsky Interview.

[69] According to Boyd Talley, director, Tulsa Area Agency on Aging, programs funded through community development grants and general revenue sharing programs also provide homemaker and home health aide services. These programs are "targeted in the near northside area of Tulsa in which the greatest number of black residents live." Talley Letter.

[70] Blonsky Interview.

[71] Ibid.

[72] Basnett Interview.

[73] Ibid.

[74] Ibid.

[75] During 1979 two Hispanic elderly received legal services.

essentially the result of an accessibility problem.[76] Since the program is physically located in a downtown area dubbed as the "white area," minority clients are not comfortable about coming to that location.[77] The attorney stated further that she and the TAAA director have discussed the lack of minority participation in the program and that to increase black participation they plan to establish, in FY 1982, a satellite office in the black community. The office will be in the public library, which serves a predominantly black community.[78] Community outreach by the attorney or the paralegal is the primary method used to bring American Indians into the legal services program. According to the attorney, this effort will be expanded to increase the number of American Indian elderly participating in the program.

Other Social Services

Health Services: The Tulsa City and County Health Department (TCCHD) Health Support Program is an outreach service providing in-home health maintenance care to elderly residents at 10 housing complexes in Tulsa City and Tulsa County.[79] Participation estimates show that the program served about 527 elderly persons between October and December 1980 (see table 6.6).[80] Approximately 46 elderly minorities received services during this period. According to the program director, white elderly generally account for 87 percent of her caseload, black elderly 12 percent, and Hispanic elderly 1 percent or less.[81] She reported having no Asian and Pacific Island Americans among the program participants. In addition, she said that American Indian elderly tend to use the medical services provided by the American Indian hospital. When asked why American Indians did not participate in the program offered at the housing complexes, the director stated that few American Indian elderly reside there.[82]

Jobs for Older Tulsans

Jobs for Older Tulsans is an employment program funded by TAAA through Title III. It provides job counseling, education, and employment exchange services.[83] The program served 63 senior citizens during the 3-month period, October–December 1980, 4 of whom were black.[84] According to the coordinator, none of the program participants was American Indian, Asian or Pacific Island American, or Hispanic. The coordinator stated that she does not have as many minorities as she should in the program; therefore, she placed advertisements

[76] In reviewing the legal services section of this chapter, the attorney for the Title III program provided additional comments about the low participation of minorities:

> I believe that accessibility is only part of the problem. I feel that many older people of minority groups may not recognize a legal problem when they have a problem, and that if they do recognize the problem, because of the community bias which they have lived with most of their lives, they may feel that they cannot hope to get justice, and therefore, do not seek a solution to their problem.

Patricia M. Basnett, attorney, senior citizens program, Legal Services of Eastern Oklahoma, Inc., letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 27, 1981.

[77] Ibid.

[78] Ibid.

[79] Eight of the sites are in the city.

[80] Sharp Interview.

[81] Ibid.

[82] Ibid.

[83] Nichols Interview.

[84] Ibid.

about the program in the *Eagle,* a minority newspaper.[85] She said that the advertisements have helped to increase the number of black and American Indian elderly registered in the program.[86] In addition, she advertises her program in Spanish.

Nutrition Services

The Tulsa Human Services Agency nutrition program operated 17 congregate meal sites in the greater Tulsa area.[87] Thirteen of the sites were funded by Title III–C allocations while four sites received community development grant funds.[88] The director of the nutrition program reported that approximately 1,461 meals per day were served in the program.[89]

Nutrition program staff stated that minority participation in the program was concentrated at a few congregate meal locations.[90] According to Harlin Tomlin, director, nutrition program, the majority of minority participants were served by the nutrition sites funded by community development grants (see table 6.6). For example, the sites that provide meal service to large numbers of black elderly are usually located in black neighborhoods.[91]

The director of the nutrition program stated that American Indian elderly generally do not participate much in Title III nutrition programs.[92] Site managers corroborated this statement and pointed out that although one or two elderly American Indians visit their sites they do not do so regularly.[93] Nutrition program staff also noted that few Hispanic or Asian and Pacific Island American elderly participate.[94] Representatives of organizations that serve Hispanic elderly pointed out that although there are a number of elderly Hispanics in the Tulsa Area Agency on Aging's service area, they are not receiving nutrition services.[95] In addition, advocates for American Indian elderly said that a

[85] Ibid. The *Eagle* serves a predominantly black readership.

[86] Nichols Interview.

[87] Since TAAA did not become responsible for the nutrition program until Oct. 1, 1980, information about the program was provided by the Tulsa Human Services Agency.

[88] Harlin Tomlin, director, elderly nutrition program, Tulsa Human Services Agency, interview in Tulsa, Dec. 3, 1980 (hereafter cited as Tomlin Interview).

[89] Ibid. The figure also includes home-delivered meals.

[90] Kay Romero, dietician, elderly nutrition program, interview in Tulsa, Dec. 3, 1980 (hereafter cited as Romero Interview), and Tomlin Interview. Also Helen Collins, site manager, Springdale Recreation Center, elderly nutrition program, interview in Tulsa, Dec. 3, 1980; Lucille Elliott, site manager, First Presbyterian Church, interview in Tulsa, Dec. 2, 1980; Charlotte Gibbs, site manager, North Osage Recreation Center, interview in Tulsa, Dec. 2, 1980; Lois Jolly, site manager, United Methodist Church, interview in Tulsa, Dec. 4, 1980; Beverly Knowles, site manager, Salvation Army Citadel, interview in Tulsa, Dec. 2, 1980; Mary Milliner, site manager, Guadalupe Church, interview in Tulsa, Dec. 3, 1980; Lillian Pitts, site manager, First Baptist Church, interview in Tulsa, Dec. 2, 1980; C.R. Puckett, site manager, Harrison Methodist Church, interview in Tulsa, Dec. 4, 1980; Geraldine Wilson, site manager, Salvation Army North Maybee, interview in Tulsa, Dec. 2, 1980 (hereafter cited as Site Managers Interviews).

[91] Ibid.

[92] Tomlin Interview. See text below for participation of American Indians in nutrition programs.

[93] Site Managers Interviews.

[94] Ibid.

[95] Maggie Bloese, caseworker, Department of Human Services, State of Oklahoma, interview in Tulsa, Dec. 4, 1980, and Sister M. Marcella Cordova, coordinator, Hispanic Ministry in Diocese of Our Lady of Guadalupe Church, interview in Tulsa, Dec. 4, 1980.

large number of American Indian seniors are not involved in the Title III program.[96] Nutrition staff stated that outreach efforts are utilized to increase minority participation at the sites.[97] According to the program director, outreach aides assigned to each nutrition site are responsible for advertising the program in the community and seeking elderly persons in need of nutrition services.[98] The director believes that such outreach efforts have helped to ir crease the number of elderly minority participants.

The program director stated that in FY 1974–75, when the nutrition program was begun in Tulsa, one nutrition site served an elderly population that was predominantly American Indian. As the site became more popular with white elderly, Indian participation rates rapidly decreased.[99] Because of this circumstance, American Indian advocates for the elderly proposed that the nutrition program establish another site that would meet the needs of elderly American Indians.[100] The Native American Coalition applied to the Tulsa Human Services Agency for funds and received an award to establish a nutrition site. The site operated during FY 1977–78 and served between 75 and 100 American Indian elderly 3 times a week, featuring different tribal dishes.[101] When the funding expired, no additional funds were forthcoming from THSA; however, the Bureau of Indian Affairs provided monies for the continued operation of an all-American Indian site.[102] According to the director of the THSA nutrition program, the majority of elderly American Indians receiving nutrition services in Tulsa participate at this site.[103]

Service Planning, Program Evaluation, and Monitoring

The Tulsa Area Agency on Aging monitors each Title III-funded project quarterly and conducts an annual evaluation prior to re-funding a program. Site visits are conducted monthly to first-year projects and to those needing special assistance, and all other projects are visited quarterly.[104] Technical assistance is also provided on a regular basis, with emphasis on project staff training. The TAAA director stated that special attention is directed toward training persons for outreach and the improvement of counseling, advocacy, and management skills of staff.[105]

The director also stated that the agency conducts one public hearing on the area plan so that elderly Tulsans have an opportunity to comment. Notices of the hearing are sent to all newspapers and radio and television stations that serve the Tulsa area.[106] The Tulsa Area Agency on Aging meets regularly with representatives of other agencies and organizations that serve the elderly, including minority organizations, to coor-

[96] Chibitty Interview.
[97] Site Managers Interviews.
[98] Tomlin Interview.
[99] Ibid.
[100] Chibitty Interview.
[101] Tomlin Interview.
[102] Ibid.
[103] Chibitty Interview. Since administration of the nutrition program has been transferred to TAAA, representatives of the American Indian community have also voiced their concerns for a Title III nutrition site to the TAAA.
[104] Ibid.
[105] TAAA Interview.
[106] Ibid.

dinate program planning, identify needs, and expand service opportunities.[107]

The director also pointed out that all potential recipients of Title III funds are required by TAAA to comply with certain criteria regarding affirmative action efforts. The recipients must demonstrate that in no way do they discriminate in the delivery of their service either by race or ethnic origin.[108]

Summary

Tulsa, the second largest city in Oklahoma, has a population of 360,919, according to the 1980 census. Minorities accounted for 16 percent of this population, nearly 4 percent of whom were American Indians. Census data for 1970 showed that approximately 43,230 persons in Tulsa were 60 years and older. White elderly were 88 percent of this total, and minorities accounted for the remaining 12 percent.

The Tulsa Area Agency on Aging is responsible for planning and administering Title III programs for the elderly in Tulsa. The advisory body to the Tulsa Area Agency on Aging is the Tulsa Area Council on Aging, which includes the mayor and 46 other members who are appointed by the mayor for 1-year terms. Thirty-six members were white and 11 were minority—7 of whom were black and 4 of whom were American Indian.

In 1980 the Tulsa Area Agency on Aging's staff was 50 percent minority. Two of three professional staff positions were held by minorities—one American Indian and one Asian American. As early as 1974, when the agency was established, one of two professional planner positions was held by an American Indian. The agency did not have any Hispanic or American Indian employees or any workers who were bilingual.

In 1979 (the last full funding year before the Tulsa Area Agency on Aging changed from a calendar fiscal year to the Federal fiscal year) 34.5 percent, or $61,723, of the funds disbursed in Tulsa were received by two minority organizations: Native American Coalition and Tulsa Human Service Agency.

Title III-funded organizations in Tulsa employed from one to five program workers, few of whom were minorities. Legal Aid for Senior Citizens, Tulsa City County Health Department, Tulsa City County Library (information and referral), and Jobs for Older Tulsans had no minorities in their Title III-funded programs. The Native American Coalition transportation program reported the largest number of minority staff. Hispanics were not employees of, and did not receive funds to operate, any of Tulsa's Title III–B programs.

The Tulsa Area Agency on Aging required affirmative action plans for employment/staffing and set rates for minority participation under the terms of its awards. The Tulsa Area Agency on Aging also required that Title III-funded organizations sign a list of assurances that included nondiscrimination in service delivery and employment. Onsite compliance reviews were conducted quarterly to assess performance in these areas. Technical assistance was provided to organizations experiencing difficulty meeting their goals for minority employment and participation.

The Tulsa Area Agency on Aging provided access, in-home, legal, health support, and employment services to

[107] Ibid.

[108] 45 C.F.R. §§80.3, .4 (1980).

elderly Tulsans. Participation statistics for these programs indicated that large numbers of elderly minority senior citizens in Tulsa remained untouched by Tulsa Area Agency on Aging services. In fact, participation data showed that minorities were generally underrepresented in the Title III-funded programs. American Indian elderly, in particular, received few Title III services. In general, Tulsa's minority elderly population was at least twice as likely to be in poverty as the nonminority elderly population. Although the nutrition program had only recently come under the Tulsa Area Agency on Aging, participation statistics showed that minority elderly were not benefiting significantly from this program. The fact that during October through December 1980 less than 10.0 percent of the participants in the nutrition program were minorities indicated minority underrepresentation in the program.

Chapter 7

San Francisco, California

Demographic Profile

Because of its location on the Pacific Ocean, San Francisco has attracted people from all over the world, and in particular from Asia and Latin America.[1] As a result, San Francisco's population is racially and ethnically diverse. In 1980 San Francisco's total population was estimated at 678,974, of which 0.5 percent were American Indian, 21.7 percent were Asian and Pacific Island American, 12.7 percent were black, 58.2 percent were white, and 6.8 percent identified themselves as "other." Hispanics are included in the above racial groups; as a separate minority population, they represented 12.3 percent of the city's population in 1980 (see table 7.1).

San Francisco has a sizable minority elderly population. In 1970, the latest year for which statistics by age are available, Chinese American elderly represented 5.5 percent; Filipino American elderly, 2.3 percent; Japanese American elderly, 0.9 percent; black elderly, 5.3 percent; and Hispanic elderly, 8.0 percent of the total elderly population in the city (see table 7.2).

San Francisco Commission on Aging

The San Francisco Commission on Aging (SFCOA) is the area agency on aging[2] that distributes Federal funds and determines programs for seniors in San Francisco. The SFCOA has been in operation since 1973 and receives its funding from Federal, State, and local sources. Its budget for fiscal year 1980–81 was $5,165,579, of which $2,115,612 was Federal funds (Title III of the Older Americans Act).[3]

The San Francisco Commission on Aging is in a state of transition. After many years of struggling with management problems, program failures, and complaints, a new director, 7 new commissioners and a new 22-member adviso-

[1] Sharon Perlman Krefetz, *Welfare Policy Making and City Politics* (New York: Praeger, 1976), p. 53.

[2] See glossary.

[3] Randolph Flemming, planner, San Francisco Commission on Aging, interviews in San Francisco, Mar. 9 and 13, 1981 (hereafter cited as Flemming Interview). The SFCOA also receives revenues collected from local parking taxes. In fiscal year 1980–81 the SFCOA received $2,336,619 from the parking tax fund. Flemming Interview.

TABLE 7.1
General Population of San Francisco by Race or Ethnicity: 1980

Race or ethnicity	General population	
	Number	Percent
American Indians/Alaskan Natives	3,548	0.5%†
Asian and Pacific Island Americans	147,426	21.7
Blacks	86,414	12.7
Other	46,504	6.8
Whites	395,082	58.2
Total	678,974	100.0%
Hispanics[1]	83,373	12.3%

† This can be interpreted as follows: In 1980, 3,548 or 0.5 percent of San Francisco's population was American Indian/Alaskan Native.

[1] Persons of Spanish origin (Hispanics) are also included in the racial categories of this table. The U.S. Bureau of the Census estimates that in 1980, 55.6 percent of Hispanics identified themselves as white, 2.7 percent as black, 0.6 percent as American Indian/Alaskan Native, 1.1 percent as Asian and Pacific Island American, and 40.0 percent refused to identify themselves as one of these races and instead classified themselves as "other." U.S., Department of Commerce, Bureau of the Census, *Commerce News*, Feb. 23, 1981, table 3.

Note: Numbers may not add to 100 percent due to rounding.

Source: U.S., Department of Commerce, Bureau of the Census, *Advance Reports, California, 1980 Census of Population and Housing*, table 1.

TABLE 7.2
Elderly Population of San Francisco by Race or Ethnicity: 1970

Race or ethnicity	Population 60 years and older	
	Number	Percent
American Indians/Alaskan Natives	*	*
Asian and Pacific Island Americans		
Chinese	7,744	5.5%†
Filipino	3,285	2.3
Japanese	1,296	0.9
Blacks	7,520	5.3
Other	494*	0.3*
Whites	120,870	85.6
Total	141,209	100.0%
Hispanics[1]	11,257	8.0%

† This can be interpreted as follows: In 1970, 7,744 or 5.5 percent of San Francisco's elderly population was Chinese American.

* In 1970 elderly American Indians were not identified separately for San Francisco and are therefore included in the "other" category. Because they are included with Asian Americans who are not identified separately, an elderly figure for all Asian Americans cannot be given.

[1] Persons of Spanish origin (Hispanics) are also included in the racial categories of this table. The U.S. Bureau of the Census estimates that in 1970, 93.3 percent of Hispanics identified themselves as white, 5.0 percent as black, 0.3 percent as American Indian/Alaskan Native, 0.4 percent as Asian and Pacific Island American, and 1.0 percent refused to identify themselves as one of these races and instead classified themselves as "other." U.S., Department of Commerce, Bureau of the Census, *Commerce News*, Feb. 23, 1981, table 3.

Note: Numbers may not add to 100 percent due to rounding.

Sources: U.S., Department of Commerce, Bureau of the Census, *Characteristics of the Population: California*, 1970 Census of Population, vol. 1, pt. 6, sec. 1, table 24; and U.S., Department of Commerce, Bureau of the Census, *Japanese, Chinese, and Filipinos in the United States*, 1970 Census of Population, no. PC (2)-1G, tables 12, 17, and 42.

ry council were selected at the beginning of 1981.[4] Minorities represent over half of the members on the advisory council and the board of commissioners.

The seven new San Francisco Commission on Aging commissioners, serving 3-year terms, were chosen by the mayor of San Francisco: three are white, one is black, one is Hispanic, one is Filipino American, and one is Chinese American.[5] The board of commissioners will set the policies and standards for the San Francisco Commission on Aging, and all major decisions of the SFCOA must be approved by a majority of the board.[6]

SFCOA Advisory Council

The SFCOA Board of Commissioners and the city's board of supervisors chose the new advisory council members; nine are white, four are black, four are Hispanic, four are Asian American, and one is American Indian.[7] Each member is appointed for a 2-year term. The advisory council assists the San Francisco Commission on Aging in its liaison with older San Franciscans and holds public hearings on the area plan.[8]

Employment Practices of the San Francisco Commission on Aging

Minority Representation on SFCOA Staff

The SFCOA Board of Commissioners also appointed a new executive director, a black female, in 1981. She is the ninth director since the agency was established,[9] an indication of the continual change within the agency. Thirty-seven other individuals hold positions at the San Francisco Commission on Aging (see table 7.3). Approximately 47 percent of the agency's work force is white, 24 percent is black, and 24 percent is Asian American. One American Indian and one Hispanic also hold positions at the agency (see table 7.3), both clerical. By contrast, many of the white staff are employed in professional positions such as specialist on aging, senior administrative analyst, and nutritionist (see table 7.3).

Recruitment, Hiring, and Promotion of Minorities

Recently, the agency filled three positions: an administrative assistant to the director in January 1981, a black; a nutritionist in December 1980, a white; and an accountant in November 1980, an Asian American.[10] A San Francisco Commission on Aging representative said that the agency is bound by local

[4] Ibid. The San Francisco Commission on Aging's operations were assessed by several organizations: the California Department of Aging, November 1980; the firm of Copeland and Steinhardt, December 1980; and the budget analyst for the San Francisco Board of Supervisors, February 1981. None of these assessments was favorable toward the SFCOA.

[5] Flemming Interview.

[6] Randolph Flemming, telephone interview, May 11, 1981 (hereafter cited as Flemming Telephone Interview).

[7] Flemming Interview. According to one of the AAA's advisory council members, the previous advisory council was made up of 4 blacks, 4 Hispanics, 2 Chinese Americans, and 12 whites. Charles Gilbert, advisory council member, interview in San Francisco, Mar. 12, 1981.

[8] Flemming Telephone Interview.

[9] Flemming Interview.

[10] Mary Schembri, contract manager, San Francisco Commission on Aging, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 30, 1981 (hereafter cited as Schembri Letter).

TABLE 7.3

Employees of San Francisco Commission on Aging by Position and Race or Ethnicity: March 1981

Positions	Total	Race or ethnicity of employees: American Indian	Asian American	Black	Hispanic	White
Full time						
Executive director	1	0	0	1	0	0
Specialist on aging	10	0	1	2	0	7
Senior administrative analyst	1	0	0	0	0	1
Nutritionist	1	0	0	0	0	1
Senior accountant	1	0	1	0	0	0
Accountant	1	0	1	0	0	0
Accounting clerk	1	0	0	0	0	1
Secretary to the Commission	1	1	0	0	0	0
Administrative assistant to the director	1	0	0	1	0	0
Clerk typist	4	0	2	1	1	0
Subtotal	22	1	5	5	1	10
Part time						
Community worker	16	0	4	4	0	8
Subtotal	16	0	4	4	0	8
Grand total	38	1	9	9	1	18
Percentages	(100.0)	(2.6)	(23.7)	(23.7)	(2.6)	(47.4)

Source: Mary Schembri, contract manager, San Francisco Commission on Aging, telephone interview, Nov. 5, 1981.

civil service commission rules for its hiring. Two of the most recent hires came from civil service lists. The third hire, the nutritionist, did not. She stated that civil service did not have a list of nutritionists from which the San Francisco Commission on Aging could choose so the agency advertised the position at the local schools of nutrition and through notices in professional journals such as *Dietician.*[11] Notices were not published in any of the local newspapers, including those printed in languages other than English.[12] Seventeen individuals were interviewed for the position: 2 were Asian American and 15 were white.[13] According to the San Francisco Commission on Aging representative, during 1980, no one at the agency was promoted.[14]

Affirmative Action

The San Francisco Civil Service Commission and the San Francisco Human Rights Commission have required the San Francisco Commission on Aging to have an affirmative action plan since the beginning of 1981 as a requirement of a compliance agreement with the U.S. Office of Revenue Sharing.[15] Because the agency has a small staff, the human rights commission and the civil service commission have allowed affirmative action goals to be set for the combined categories of professional and clerical workers.[16] The goals set for San Francisco Commission on Aging include hiring more Hispanics, who are underrepresented.[17] When asked if attempts were made to hire Hispanics for the most recent vacancy of nutritionist, the SFCOA representative indicated that no direct attempts were made, but all service providers were contacted, including the Hispanic, and asked whether they knew of anyone interested in the position. No other efforts were made by the San Francisco Commission on Aging to recruit Hispanics.[18]

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[11] Mary Schembri, contract manager, San Francisco Commission on Aging, telephone interview, Nov. 5, 1981 (hereafter cited as Schembri Telephone Interview).

[12] Flemming Telephone Interview.

[13] Schembri Telephone Interview.

[14] Flemming Telephone Interview. According to a representative of the San Francisco Human Rights Commission, "There was internal personnel movement with job title changes–i.e., Specialist in Aging changed to Contract Manager; job changes in assignments and responsibilities, etc." Frank Anderson, coordinator, Human Rights *Commission, letter to John Hope III, Acting Staff* Director, U.S. Commission on Civil Rights, Oct. 27, 1981 (hereafter cited as Anderson Letter).

[15] Ibid.

[16] Flemming Telephone Interview. "Goals via combined categories was an elective option of the Commission on Aging." Anderson Letter.

[17] Flemming Telephone Interview.

[18] Ibid. In reviewing the report, a representative for the SFCOA stated that, "all hiring must be approved by the Civil Service Commission and be in keeping with our Affirmative Action Contract with the City as monitored by the Office of Revenue Sharing Affirmative Action Coordinator with the Human Rights Commission."
The representative for SFCOA also stated that since the U.S. Commission on Civil Rights field investigation a vacant position occurred and minority applicants, including one Hispanic applicant, were interviewed and considered for the vacant position. Schembri Letter. She further stated that her organization has worked to address the concerns identified in this report: "We are in compliance with our Affirmative Action Plan. Our staff serves on the Statewide Task Force for Services to Older Minority Persons. Our staff also serves on the Community Research Applications, Inc. Advisory Board which received a grant from the U.S. Administration on Aging to prepare educational documents for agencies serving minority elders. . . .The Director and a staff member serve on the Statewide Task Force on Budget Control Language

TABLE 7.4
Title III-B (Social Services) Awards in San Francisco: 1981

Organizations	Amount	Minority (X)	Type of service
Canon Kip	$ 80,000		Transportation
Legal Assistance to the Elderly	196,626		Legal aid
Mission Neighborhood Centers	20,000	X	Chore and escort
Mount Zion	12,000		Recreation for frail elderly
San Francisco Council of Churches	26,839		Residential care
Self Help for the Elderly	77,661	X	Chore and housing assistance
San Francisco Senior Escort Services	178,325		Escort
Total	$591,451		

Source: Randolph Flemming, planner, San Francisco Commission on Aging, interview in San Francisco, Mar. 9, 1981.

Title III Funds Awarded by San Francisco Commission on Aging

Minority Representation Among Title III-Funded Organizations

The San Francisco Commission on Aging, during fiscal year 1980–81, distributed $2,115,612 in funds it received from Title III of the Older Americans Act.[19] Part of these funds ($591,451) was awarded to seven organizations to provide social services (Title III–B) (see table 7.4). Of these seven organizations, two were minority.[20] Although they represent 28.6 percent of the Title III-funded organizations, they received a total of $97,661, or 16.5 percent of the funds awarded. By contrast, minorities represent over 40 percent of San Francisco's population (see table 7.1). The two minority organizations that received funding were Self Help for the Elderly ($77,66 for chore services) and Mission Neighborhood Centers ($20,000 for chore and escort services). The first organization i Asian American (Chinese) and the second is Hispanic. Title III–B funding did not go to any American Indian, black Japanese American, or Filipino American organizations.

In 1980 the San Francisco Commissio on Aging also funded eight organizations at a total of $1,524,161 to provide nutrition services to elderly San Franciscans under Title III–C (see table 7.5). Of the eight organizations, four were minority The four minority organizations received

and Economics and Social Need. The Task Force's goal is to increase services to minority and low-income elders." Schembri Letter.

[19] Flemming Interview.

[20] See glossary.

a total of $488,409 or 32.0 percent of the Title III–C funds awarded[21] (see table 7.5). The four minority organizations that received funding were (1) Self Help for the Elderly ($204,702), an Asian American (Chinese) organization; (2) Kimochi ($139,941), an Asian American (Japanese) organization; (3) Western Addition ($126,373), a black organization; and (4) Native American Indian Services ($17,393), an American Indian organization. No Title III–C funding went to a Hispanic or a Filipino American organization.[22]

Two Title III-funded organizations, Meals on Wheels and Self Help for the Elderly, provide funds to other organizations for their nutrition services. Meals on Wheels provides funds to Saga Corporation, a nonminority organization, which prepares the meals and packages them for transport by Meals on Wheels drivers. Each day Saga prepares one menu that is nonethnic-specific for all Meals on Wheels participants.[23]

Self Help for the Elderly (SHE) provided funds in fiscal year 1981 to six caterers: Services for Seniors ($60,000), Heritage ($600,300), Eduardos ($25,400), Chester's ($11,900), Far East ($6,800), and Korean Center ($7,500).[24] All are minority, except for Services for Seniors. Services for Seniors provides nonethnic-specific food; Eduardos, Filipino food; Korean Center, Korean food; and Heritage, Chester's, and Far East, Chinese food.[25]

SFCOA Title III Award Process

Requests for proposals (RFPs) are solicited annually by the San Francisco Commission on Aging. All current Title III-funded organizations and anyone who has contacted the agency in the past year concerning the awarding of funds are notified that the RFP process has begun and that a training session will be given for interested organizations. No other advertising of the request for proposal process is done. The board of commis-

[21] Minority organizations received 33.1 percent of the parking tax money and 27.7 percent of the Title III funds in FY 1980–81. Of all funds distributed to service providers through the SFCOA in FY 1980–81, minority organizations received $1,360,143 or 30.5 percent of the total. From data provided at Flemming interview. Due to the 1978 amendments to the Older Americans Act, the California Department of Aging was mandated to transfer the nutrition services' relationship from the State agency to the area agency on aging. San Francisco Commission on Aging, *Transitional Area Plan* (San Francisco, 1980), exhibit D–3, p. 1.

[22] The Filipino American Council (FAC) receives parking tax monies for a nutrition site. In 1980 it received $29,000 and served about 70 meals a day. According to a representative, there are approximately 10,000 Filipino elderly in San Francisco, 60 percent with low incomes, and he wonders how the one site can serve the Filipino American elderly. Asterio Saquing and Cesar Aldea, Filipino American Council, interview in San Francisco, Mar. 11, 1981. Similarly, a Korean organization representative questioned how the one site that currently serves Korean American elderly and that serves 30 meals a day is enough to serve the entire city's Korean American population. Tom Kim, Korean Community Center, interview in San Francisco, Mar. 10, 1981.

[23] Dorrwin Jones, director, Meals on Wheels, interview in San Francisco, Mar. 12, 1981 (hereafter cited as Jones Interview).

[24] Vera Haile, assistant director, and Noreen Chen, nutrition coordinator, Self Help for the Elderly, interview in San Francisco, Mar. 11, 1981 (hereafter cited as Haile and Chen Interview). Part of these funds come from parking tax revenues.

[25] Ibid.

TABLE 7.5
Title III-C (Nutrition) Awards in San Francisco: 1981

Organizations	Amount	Minority (X)
Kimochi	$ 139,941	X
Meals on Wheels	214,444	
Native American Indian Services	17,393	X
Salvation Army	528,418	
San Francisco Council of Churches	142,765	
Self Help for the Elderly	204,702	X
United Jewish Community Centers	150,125	
Western Addition	126,373	X
Total	$1,524,161	

Source: Randolph Flemming, planner, San Francisco Commission on Aging, interview in San Francisco, Mar. 9, 1981.

sioners reviews the proposals and awards the funds.[26] For the award year 1981–82, which began in July, the RFP process was begun in February 1981.[27] The SFCOA Board of Commissioners had decided that all San Francisco Commission on Aging Title III-funded organizations would be funded at 91 percent of their current budget, partly because of an expected decrease in funding to the San Francisco Commission on Aging. Part of the remaining 9 percent, however, would be used to let new awards and to upgrade existing services through the request for proposal process.[28] Two training sessions, one for social services and one for nutrition, were held to assist organizations in completing their proposals. In 1981 a third training session was held for new organizations to assist them in preparing viable proposals.[29]

The San Francisco Commission on Aging representative said that the funding cut was one way to bring new Title III-funded organizations into the system and to improve some of the existing services.[30] He went on to say that cutting all organizations by the same percentage, 9 percent, is a fair way to increase available funds without hurting one particular organization.[31] Representatives for the organizations stated, however, that the 9 percent money made available would not be enough to fund new Title III-funded organizations ade-

[26] Flemming Telephone Interview.
[27] Flemming Interview.
[28] Schembri Telephone Interview.
[29] Flemming Interview.
[30] Ibid.
[31] Ibid.

quately and would hurt the operations of the existing ones.[32]

Eventually, 11 new organizations were chosen by the San Francisco Commission on Aging, 7 of which were minority.[33] The largest award was for $25,000, with most of the dollar amounts below $15,000 (see table 7.6). One of the new organizations funded, Asian Law Caucus, a minority firm, received $7,000; the organization's proposal called for a budget of $35,000.[34] In this regard, minority representatives stated that, in general, minority organizations will take inadequate funding rather than no funding, yet by doing so may fail.[35]

Title III-Funded Organizations' Employment Patterns

Minorities are more likely to be employed by minority than by nonminority San Francisco Commission on Aging Title III-funded organizations. Minorities are also more likely to hold decisionmaking positions under minority Title III-funded organizations (see table 7.7). For instance, the staffing patterns of minority organizations such as Kimochi, Mission Neighborhood Centers, Self Help for the Elderly, Native American Indian Services, and Western Addition indicate that minorities are employed and hold decisionmaking positions within these organizations. By contrast, some of the nonminority organizations do not employ minorities in numbers that would reflect their representation in San Francisco's population, particularly in decisionmaking positions within their organizations. One example is Meals on Wheels, the provider of home-delivered meals under Title III–C. It has few minority employees and all are drivers (see table 7.7).

SFCOA Compliance Monitoring

According to the San Francisco Commission on Aging representative, in 1981 the San Francisco Human Rights Commission[36] was setting up affirmative action agreements with each of the San

[32] Florence Edelman, kosher nutrition director, United Jewish Community Centers, interview in San Francisco, Mar. 12, 1981 (hereafter cited as Edelman Interview); Orah Young, director, Legal Assistance to the Elderly, interview in San Francisco, Mar. 9, 1981 (hereafter cited as Young Interview); Evelyn Dexter, project director, Salvation Army Senior Activities and Meals Program, interview in San Francisco, Mar. 13, 1981 (hereafter cited as Dexter Interview); Haile and Chen Interview; Leigh Hubert, director, and David Owen, Native American Indian Services, interview in San Francisco, Mar. 10, 1981 (hereafter cited as Hubert and Owen Interview); Frederick Hubbard, director, Western Addition Center, interview in San Francisco, Mar. 13, 1981 (hereafter cited as Hubbard Interview); David Ishida, nutrition director, Kimochi, interview in San Francisco, Mar. 10, 1981 (hereafter cited as Ishida Interview); Lilian Ortiz, center director, and Santiago Ruiz, executive director, Mission Neighborhood Centers, interview in San Francisco, Mar. 10, 1981 (hereafter cited as Ortiz and Ruiz interview); George Davis, director, Bayview Hunter's Point Senior Center, interview in San Francisco, Mar. 11, 1981 (hereafter cited as Davis Interview); and Adrienne Baker, director, OMI Senior Center, interview in San Francisco, Mar. 10, 1981 (hereafter cited as Baker Interview).

[33] Flemming Telephone Interview. In reviewing the report, Mary Schembri, contract manager, San Francisco Commission on Aging, stated that since the Commission's field investigation, the San Francisco Commission on Aging had received $472,871 in additional allocations, which were used to increase services back to where they were before the 9 percent budget cut. Schembri Telephone Interview.

[34] Bill Tamayo and Dennis Hayashi, attorneys for Asian Law Caucus, interview in San Francisco, Mar. 13, 1981.

[35] Baker Interview and Hubbard Interview.

[36] The Human Rights Commission of San Francisco is responsible for compliance relative to affirmative action for all city suppliers. Flemming Interview.

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TABLE 7.6
New Awards Let for Fiscal Year 1981–82

Organizations	Amount awarded	Minority (X)
Asian Law Caucus[1]	$ 7,000	X
Bayview Hunter's Point	5,480	X
Crispus Attucks	15,902	X
Legal Assistance to the Elderly	7,342	
OMI Community	25,000	X
Reality House West	2,070	X
S.F. Council of Churches	6,660	
S.F. Home Health	14,717	
Self Help for the Elderly	12,622	X
Third Baptist[1]	11,763	X
Visitacion Valley[1]	21,594	
Total	$130,150	

[1] These are new SFCOA Title III-funded organizations. The other awards were made to existing San Francisco Commission on Aging Title III-funded organizations.

Source: Randolph Flemming, planner, San Francisco Commission on Aging, telephone interview, May 11, 1981.

Francisco Commission on Aging Title III-funded organizations for the first time.[37] In addition, he stated that in the funding year beginning July 1, 1981, the San Francisco Commission on Aging would transfer $25,000 of its funds to the commission to monitor Title III-funded organizations' affirmative action efforts.[38]

Minority Participation in SFCOA-Funded Services

The Federal funds administered by the San Francisco Commission on Aging provide services for older persons in four general categories: access, in-home, legal, and nutrition services.[39]

Access Services

Two access services are funded under Title III: transportation and escort. Another access service, information and

[37] Flemming Telephone Interview. The Title III–C organizations, previously under the monitoring of the State unit on aging, already were required to have affirmative action plans. Schembri Telephone Interview. Also in the past, the human rights commission has monitored the recipients of parking tax funds. Some of the Title III organizations also receive parking tax funds and were therefore monitored by the human rights commission. Mary Gin Starkweather, employment representative, San Francisco Human Rights Commission, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 20, 1981.

[38] Flemming Telephone Interview. In reviewing the report, Mary Schembri, contract manager, San Francisco Commission on Aging, stated that funds had been given to the human rights commission to monitor organizations' affirmative action efforts. Schembri Telephone Interview.

[39] Flemming Interview.

TABLE 7.7

Persons Employed by Title III-Funded Organizations in San Francisco by Position and Race or Ethnicity: 1981

Organizations/positions	Total	Race or ethnicity of employees: American Indian	Asian American	Black	Hispanic	White
Canon Kip	(42)	(0)	(3)	(30)	(0)	(9)
Administrators	2	0	0	1	0	1
Office staff	8	0	0	4	0	4
Drivers	32	0	3	25	0	4
Kimochi[1]	(10)	(0)	(10)	(0)	(0)	(0)
Director	1	0	1	0	0	0
Office staff	2	0	2	0	0	0
Nutritionist	1	0	1	0	0	0
Site coordinator	1	0	1	0	0	0
Cooks/dishwashers	4	0	4	0	0	0
Host and service worker	1	0	1	0	0	0
Legal Assistance	(9)	(0)	(2)	(0)	(1)	(6)
Director	1	0	0	0	0	1
Managing attorney	1	0	0	0	0	1
Staff attorney	3	0	1	0	0	2
Paralegal	1	0	0	0	0	1
Administrative assistant	1	0	0	0	0	1
Legal secretary	1	0	1	0	0	0
Receptionist	1	0	0	0	1	0
Meals on Wheels	(19)	(0)	(1)	(1)	(2)	(15)
Director	1	0	0	0	0	1
Program coordinator	1	0	0	0	0	1
Coordinator	6	0	0	0	0	6
Financial manager	1	0	0	0	0	1
Secretary	1	0	0	0	0	1
Drivers	9	0	1	1	2	5
Mission Neighborhood Center[1]	(5)	(0)	(0)	(0)	(5)	(0)
Coordinator	1	0	0	0	1	0
Worker	4	0	0	0	4	0
Mount Zion	(7)	(0)	(1)	(0)	(0)	(6)
Director	1	0	0	0	0	1
Arts-recreation specialist	6	0	1	0	0	5
Native American Indian Services[1]	(5)	(4)	(0)	(1)	(0)	(0)
Director	1	1	0	0	0	0
Case manager	2	1	0	1	0	0
Cook	2	2	0	0	0	0
Salvation Army	(47)	(2)	(7)	(10)	(6)	(22)
Director	1	0	0	0	0	1
Comptroller	1	0	1	0	0	0
Nutritionist	2	1	0	0	0	1
Nutritionist aide	1	0	0	0	0	1
Site coordinator	1	0	0	1	0	0
Site manager	15	0	1	3	2	9
Site personnel	5	0	0	0	2	3
Office staff	5	0	1	1	0	3
Food service manager	1	0	0	0	0	1
Cook	4	1	0	0	1	2
Cook's helper	3	0	3	0	0	0

TABLE 7.7 (CONTINUED)

Persons Employed by Title III-Funded Organizations in San Francisco by Position and Race or Ethnicity: 1981

Organizations/positions	Total	Race or ethnicity of employees: American Indian	Asian American	Black	Hispanic	White
Dishwasher	4	0	1	2	0	1
Transportation coordinator	1	0	0	1	0	0
Driver	3	0	0	2	1	0
San Francisco Council of Churches	(22)	(0)	(6)	(9)	(0)	(7)
Director of residential care	1	0	0	0	0	1
Residential care worker	2	0	0	0	0	2
Director of nutrition	1	0	0	1	0	0
Secretary	1	0	1	0	0	0
Nutritionist	1	0	1	0	0	0
Social worker	2	0	0	0	0	2
Site manager	3	0	0	2	0	1
Food service supervisor	1	0	1	0	0	0
Food service aide	1	0	0	1	0	0
Cook	2	0	0	1	0	1
Kitchen aide	2	0	0	2	0	0
Dishwasher	1	0	0	1	0	0
Custodian	1	0	1	0	0	0
Home delivery	3	0	2	1	0	0
Self-Help for the Elderly[1]	(35)	(0)	(35)	(0)	(0)	(0)
Officials and managers	3	0	3	0	0	0
Professionals	4	0	4	0	0	0
Technicians	19	0	19	0	0	0
Office and clerical	2	0	2	0	0	0
Operatives	7	0	7	0	0	0
Senior Escort Services	(51)	(0)	(12)	(25)	(2)	(12)
Director	1	0	0	0	0	1
Grant administrator	1	0	0	0	1	0
Secretary	1	0	0	0	0	1
Transportation coordinator	1	0	0	1	0	0
Coordinator	7	0	1	3	0	3
Dispatcher	2	0	0	2	0	0
Escort worker	32	0	8	17	0	7
Walking guard	6	0	3	2	1	0
United Jewish Community Centers	(11)	(0)	(0)	(0)	(1)	(10)
Director	1	0	0	0	0	1
Office worker	2	0	0	0	0	2
Nutritionist	2	0	0	0	0	2
Social worker	1	0	0	0	0	1
Nutrition site coordinator	2	0	0	0	0	2
Kitchen helper	1	0	0	0	1	0
Driver	1	0	0	0	0	1
Maintenance	1	0	0	0	0	1
Western Addition[1]	(17)	(0)	(1)	(15)	(1)	(0)
Director	1	0	0	1	0	0
Program coordinator	1	0	0	1	0	0
Supervisor	4	0	0	4	0	0
Secretary	1	0	0	1	0	0
Outreach	2	0	0	2	0	0

TABLE 7.7 (CONTINUED)
Persons Employed by Title III-Funded Organizations in San Francisco by Position and Race or Ethnicity: 1981

Organizations/positions	Total	Race or ethnicity of employees: American Indian	Asian American	Black	Hispanic	White
Cook	2	0	0	2	0	0
Driver	2	0	0	2	0	0
Delivery assistant	1	0	1	0	0	0
Dishwasher assistant	1	0	0	0	1	0
Kitchen aide	1	0	0	1	0	0
Janitor	1	0	0	1	0	0

[1] A minority Title III-funded organization.

Sources: Robert Drew, transportation director, Canon Kip Transportation, interview in San Francisco, Mar. 11, 1981; David Ishida, nutrition director, Kimochi, interview in San Francisco, Mar. 10, 1981; Orah Young, director, Legal Assistance to the Elderly, interview in San Francisco, Mar. 9, 1981; Dorrwin Jones, director, Meals on Wheels, interview in San Francisco, Mar. 12, 1981; Lillian Ortiz, center director, and Santiago Ruiz, executive director, Mission Neighborhood Centers, interview in San Francisco, Mar. 10, 1981; Maureen Kellen-Taylor, director, Mount Zion Hospital in-house arts and recreation program, interview in San Francisco, Mar. 13, 1981; Leigh Hubert, director, and David Owen, Native American Indian Services, interview in San Francisco, Mar. 10, 1981; Evelyn Dexter, project director, The Salvation Army Senior Activities and Meals Program, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 29, 1981; Norman Leach, associate director, San Francisco Council of Churches, interview in San Francisco, Mar. 11, 1981; Vera Haile, assistant director, and Noreen Chen, nutrition coordinator, Self Help for the Elderly, interview in San Francisco, Mar. 11, 1931; Mark Forrester, director, San Francisco Senior Citizen Escort Services, interview in San Francisco, Mar. 9, 1981; Florence Edelman, kosher nutrition director, United Jewish Community Centers, interview in San Francisco, Mar. 12, 1981; and Frederick Hubbard, director, Western Addition Center, interview in San Francisco, Mar. 13, 1981.

referral, is housed under the SFCOA, but is not funded under Title III.[40]

Escort: The escort service provides seniors with personal and group escorts to medical appointments, banks, social service organizations, and to other destinations within areas of San Francisco that have been designated as having high crime. The San Francisco Commission on Aging funds this service in three of the areas[41] designated as high crime, and the Department of Housing and

[40] Information and referral, funded through local parking tax revenues, operates on a telephone and drop-in basis, 5 days a week from 8 a.m. to 5 p.m. After 5 p.m. the telephones are answered by another organization. Those individuals who telephone information and referral (I&R) are not asked their race or ethnicity, and only those individuals who walk into the office and need followup help are asked their race or ethnicity. The SFCOA utilizes the information it gets from the people who use I&R services to help rank seniors' needs. Currently, there are four individuals employed under I&R: two Filipino Americans, one white, and one Chinese American. The Filipino American staff speak Tagalog and Spanish, and the Chinese American employee speaks Mandarin and Cantonese. In November 1980, 4 months prior to the U.S. Commission on Civil Rights' field trip, the California Department of Aging, in its assessment of SFCOA, criticized the I&R component for not having bilingual staff available. California Department of Aging, "Annual Baseline Assessment Report" of SFCOA (November 1980), p. 22. According to the SFCOA representative, the agency has tried to find a service provider to provide this service in the past, but no firm wanted to administer the program under the budget limits that were set, so the SFCOA has continued to administer the I&R service. Flemming Interview.

[41] The areas are south of Market, Potrero Hill, and Visitacion Valley. In reviewing the report, a representative of the San Francisco Senior Citizen Escort Services stated that "Our Potrero Hill Office has recently moved to 1060 Tennessee Street, actually just down hill from where it was, but a move that gets it into a more heavily black-populated area than the former location. We

Urban Development funds this service in four other high crime areas.[42] According to the San Francisco Senior Citizen Escort Services' (SFSCES) representative, not one senior has been mugged while escorted.[43] The elderly learn about the service mostly by word of mouth. Plans to print a newspaper, informing seniors of ways to protect themselves when outdoors, are underway; however, according to the SFSCES representative, the newspaper will be printed in English only.[44] From July through December 1980, the San Francisco Senior Citizen Escort Services served 6,677 individuals, of whom approximately 61 percent were white, with funds it received from the San Francisco Commission on Aging. Available statistics from the three areas served indicate that white elderly make up about 56.5 percent of the population;[45] therefore, minority elderly are underserved to their representation in these three communities (see table 7.8).

The added dimension of the economic needs of the minority elderly versus nonminority elderly should be taken into consideration, since the Older Americans Act emphasizes that priority for services be given to those older persons with the greatest economic and social need.[46] In 1970, the latest year for which statistics are available, 24 percent of Hispanic elderly, 31 percent of Chinese American elderly, and 33 percent of black elderly were in poverty, while 17 percent of white elderly were in this economic situation.[47] Therefore, minority elderly may be even more underrepresented in this program, given their social and economic needs.[48]

Transportation: The transportation service is for elderly and handicapped San Franciscans, especially those unable to use public transportation, and is provided for medical appointments, recreational activities, nutrition and neighborhood centers, and educational, shopping, and employment needs. A 3-day advance notice to the service provider, Canon Kip, is required, and clients have to be ready 30 minutes before the scheduled time. The driver will knock on the door and wait up to 15 minutes if a client is not ready. The driver escorts clients from their homes to the van and from the van

believe that this move alone will help to raise the percentage figure of service to this ethnic group." Thelma Kavanagh, representative, San Francisco Senior Citizen Escort Services, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 21, 1981.

[42] The boundaries for the escort service were established according to four criteria: (1) the number of elderly in a census tract, (2) the number of young people in a census tract, (3) unemployment in a census tract, and (4) incidence of crime. Mark Forrester, director, San Francisco Senior Citizen Escort Services, interview in San Francisco, Mar. 9, 1981 (hereafter cited as Forrester Interview).

[43] Ibid.

[44] Ibid.

[45] Ibid. The Department of Labor updated the 1970 census in 1975. The number of people 60 years and older for Protrero Hill, south of Market, and Visitacion Valley was estimated at 20,734, of which 56.5 percent were white, 3.4 percent were Hispanic, 19.1 percent were black, and 21 percent were Asian American.

[46] 45 C.F.R. §1321.109 (1980).

[47] U.S., Department of Commerce, Bureau of the Census, *Characteristics of the Population, California,* 1970 Census of Population, vol. 1, pt. 6, secs. 1 and 2, tables 24, 101; unpublished 1970 census data; U.S., Department of Commerce, Bureau of the Census, *Japanese, Chinese and Filipinos in the United States,* 1970 Census of Population, no. PC (2)–IG, tables 27, 29.

[48] This comparison is based upon 1980 participation data and 1970 poverty data. Since 1980 statistics are not available, for purposes of planning and evaluation the SFCOA is constrained to use 1970 data for the elderly population.

TABLE 7.8
Older Persons Participating in Title III-Funded Services in San Francisco by Race or Ethnicity: 1980

Type of service		Total	Race or ethnicity of participants: American Indian	Asian American	Black	Hispanic	White
Access							
Transportation	#	621[1]	3	102	156	25	335
	%	(100.0)	(0.5)	(16.4)	(25.1)	(4.0)	(53.9)
Escort		6,677	10	991	1,305	303	4,068
		(100.0)	(0.1)	(14.8)	(19.5)	(4.5)	(60.9)
In-home							
Homemaker and escort[2]		298	0	0	5	235	58
		(100.0)	(0.0)	(0.0)	(1.7)	(78.8)	(19.5)
Chore and health maintenance[2]		538	0	243	41	55	199
		(100.0)	(0.0)	(45.2)	(7.6)	(10.2)	(37.0)
Legal		5,133	51	616	770	616	3,080
		(100.0)	(1.0)	(12.0)	(15.0)	(12.0)	(60.0)
Other							
Recreation for the frail elderly							
Mount Zion		81	0	3	7	3	68
		(100.0)	(0.0)	(3.7)	(8.6)	(3.7)	(84.0)
Council of Churches		295	1	2	5	1	286
		(100.0)	(0.3)	(0.7)	(1.7)	(0.3)	(96.9)
Nutrition							
Home-delivered		841	0	33	21	20	767
		(100.0)	(0.0)	(3.9)	(2.5)	(2.4)	(91.2)

[1] Figures are based on quarterly data, except for escort which is based on 6 months data and Council of Churches which is based on 1-month data. Title III-funded organizations are required to submit quarterly statistics to the SFCOA and, therefore, were able to report statistics on participation for this time period.

[2] Minority Title III-funded organization.

Note: Numbers may not add to 100 percent due to rounding.

Sources: Robert Drew, transportation director, Canon Kip Transportation, interview in San Francisco, Mar. 11, 1981; Orah Young, director, Legal Assistance to the Elderly, interview in San Francisco, Mar. 9, 1981; Dorrwin Jones, director, Meals on Wheels, interview in San Francisco, Mar. 12, 1981; Lilian Ortiz, center director, and Santiago Ruiz, executive director, Mission Neighborhood Centers, interview in San Francisco, Mar. 10, 1981; Maureen Kellen-Taylor, director, Mount Zion Hospital in-house arts and recreation program, interview in San Francisco, Mar. 13, 1981; Norman Leach, associate director, San Francisco Council of Churches, interview in San Francisco, Mar. 11, 1981; Vera Haile, assistant director, and Noreen Chen, nutrition coordinator, Self Help for the Elderly, interview in San Francisco, Mar. 11, 1981; and Mark Forrester, director, San Francisco Senior Citizen Escort Services, interview in San Francisco, Mar. 9, 1981.

to their appointments. People learn about the service through word of mouth and through a brochure. Brochures, printed in English only,[49] were distributed to 15,000 elderly in 1980. Over a 3-month period, the transportation service provided 621 rides for Title III clients. Of this number, 53.9 percent were white, 25.1 percent were black, 4.0 percent were Hispanic, 0.5 percent were American Indian, and 16.4 percent were Asian American (see table 7.8). Hispanic elderly may be underserved by this program, given their representation in the population and their economic need. Representatives of a minority organization said that one reason why Hispanics were not participating in this service was because bilingual information, through literature and staff, was not made available to the Hispanic elderly.[50] They stated that bilingual information is necessary because so many of the Hispanic elderly do not speak or understand English well.[51] None of the transportation service's employees is Hispanic (see table 7.7).

In-Home Services

Two service providers have small Title III awards to provide in-home services; both are minority organizations.

Chore and Health Maintenance: Self Help for the Elderly provides chore and health maintenance. Over a 3-month period it served 538 clients of whom 37.0 percent were white, 7.6 percent were black, 10.2 percent were Hispanic, and 45.2 percent were Asian American (see table 7.8). Written and oral information about the service is provided in Cantonese, Mandarin, Tagalog, and English.[52] In addition, oral information is available in Spanish.[53] According to a Self Help for the Elderly representative, bilingual information in San Francisco is essential, since many of the elderly Asian Americans cannot speak or understand English well.[54]

Homemaker and Escort: Mission Neighborhood Centers, a Hispanic organization, provides homemaker and escort services to seniors in the Mission area where a large percentage of Hispanics live. The services consist of light shopping, cooking, and escort to the doctor.[55] During a 3-month period 298 clients were served: 19.5 percent were white, 1.7 percent were black, and 78.8 percent were Hispanic. According to the agency's representative, Hispanic elderly participate in the program because staff are aware of the needs of the Hispanic elderly, and bilingual information is provided to seniors.[56] He said that the program is publicized through bilingual fliers and posters, and public service announcements on Spanish radio and television.[57]

Legal Aid Services

Legal Assistance to the Elderly provides assistance with housing, administrative law, consumer education, protec-

[49] Robert Drew, director of transportation, Canon Kip Transportation, interview in San Francisco, Mar. 11, 1981 (hereafter cited as Drew Interview).
[50] Ortiz and Ruiz Interview.
[51] Ibid.
[52] Haile and Chen Interview.
[53] Haile Letter.
[54] Haile and Chen Interview.
[55] Ortiz and Ruiz Interview.
[56] Ibid.
[57] Ibid.

tive services, wills, abuse, and pensions.[58] Brochures about the program are available only in English.[59] Over a 3-month period 60 percent of its clients were white, 15 percent were black, 12 percent were Hispanic, 12 percent were Asian American, and 1 percent were American Indian.

Other Social Services

Two other social services are provided through the San Francisco Commission on Aging with Title III–B funds. Mount Zion provides in-home arts and recreation to seniors. The goal of the program is to decrease isolation and reinvolve seniors in outside activities.[60] A brochure about the program is printed in English only.[61] Of those served over a 3-month period, 84.0 percent were white, 8.6 percent were black, 3.7 percent were Hispanic, 3.7 percent were Asian American, and none was American Indian (see table 7.8).

The Council of Churches has a small award to provide therapeutic, recreational, and leisure activities for the frail elderly residents of Residential Care Homes.[62] Few participants in this program are minority: 96.9 percent are white and 1.7 percent are black. Hispanics, American Indians, and Asian Americans each make up less than 1 percent of the participants. Advertising for the program is provided through radio and TV, in newspapers, and by word of mouth. Advertising is only in English, and no staff member is bilingual.[63]

Nutrition Services

The San Francisco Commission on Aging nutrition program provides low-cost, nutritionally balanced meals to elderly persons. Nutrition services are provided in both congregate and in-home settings.

Congregate Meals: Congregate dining[64] is provided under Title III–C funds at 39 sites (see table 7.9) through 7 service providers: Salvation Army, Council of Churches, Self Help for the Elderly, United Jewish Community Centers, Kimochi, Western Addition, and Native American Indian Services. The cultural diversity of San Francisco's elderly population is recognized via the funding of five Title III-funded organizations that provide ethnic meals.[65] Two nonminority organizations, Salvation Army (the largest Title III-funded organization) and San Francisco Council of Churches, do not provide ethnic meals.[66]

[58] Young Interview.

[59] Ibid.

[60] Maureen Kellen-Taylor, director, Mount Zion Hospital in-home arts and recreation program, interview in San Francisco, Mar. 13, 1981 (hereafter cited as Kellen-Taylor Interview).

[61] Ibid.

[62] Norman Leach, associate director, San Francisco Council of Churches, letter to John Hope III, Acting Director, U.S. Commission on Civil Rights, Oct. 15, 1981 (hereafter cited as Leach Letter).

[63] Norman Leach, associate director, San Francisco Council of Churches, interview in San Francisco, Mar. 11, 1981 (hereafter cited as Leach Interview).

[64] Congregate dining may be at a drop-in site that is primarily for food or at a multipurpose senior center that has many other social activities available for seniors. *Transitional Area Plan*, exhibit C–3, p. 14.

[65] Flemming Interview.

[66] Ibid. In reviewing the report, Evelyn Dexter, project director, Salvation Army Senior Activities and Meals Program, stated that: "Our Salvation Army Project has a Project Council from all sites representing all of the ethnic groups. The menu is approved by them, courtesies are extended to ethnic programs and comments are solicited by the Nutritionists for menu changes. We regularly menu Teriyaki Chicken, Spanish based

Salvation Army provides nutrition and social services at 18 sites.[67] It advertises in the newspaper and publishes a newsletter printed in English and Chinese.[68] Of the seniors participating at the Salvation Army sites, 23.2 percent are Asian American, 0.4 percent are American Indian, 7.4 percent are black, 21.0 percent are Hispanic, and 48.1 percent are white. The representation of specific minority groups varies greatly by nutrition site (see table 7.9). The Council of Churches provides a 5-day-a-week nutrition program that is publicized through the media and by word of mouth. Advertising, however, is only in English.[69] There are three nutrition sites, all in the downtown area of San Francisco. According to the director, the program currently is filled to capacity, so the organization does little outreach.[70] The vast majority (70.8 percent) of the participants in this program are white.

Self Help for the Elderly, a Chinese American organization and the largest minority Title III-funded organization, administers a meals program at nine sites. Two sites operate fewer than 5 days a week: Donaldina Cameron House is open only on Mondays, Fridays, and Saturdays, and Richmond Senior Center operates only on Saturdays. The sites provide a variety of menus depending on the ethnicity of the seniors.[71] Four sites serve Chinese food, three offer nonethnic-specific food, one serves Korean food, and one provides Filipino food.[72] All food is catered. Over 70 percent of the seniors using Self Help's nutrition sites are Asian American, and 26 percent of its clients are white (see table 7.9). According to the acting director, 80 percent of the Chinese Americans using the nutrition sites do not speak English.[73] Information about the program is provided in Cantonese, Mandarin, Tagalog, Spanish, and English.[74] When each site opened, extensive outreach was undertaken, but now people hear about the program through word of mouth or newsletters. This is partly because some sites are already over capacity and cannot serve all of the people who come; in fact, a one-day reservation system is used. However, if a senior cannot be accommodated on one day, he or she automatically has a reservation for the next day.[75]

The United Jewish Community Centers provides nutrition and social services to five sites. Three of the sites, Montefiore-Presidio, Beth Sholem, and

tomato dishes and consider all menu suggestions." Evelyn Dexter, project director, Salvation Army Senior Activities and Meals Program, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 29, 1981.

[67] Dexter Interview.

[68] Ibid.

[69] Leach Interview.

[70] Ibid. In reviewing the report, Norman Leach, associate director, San Francisco Council of Churches, commented that: "the situation has changed. . .the St. Francis Meal Service is *not* filled to capacity, but the organization has difficulty in doing outreach due to lack of adequate staffing to perform this service." Leach Letter.

[71] Haile and Chen Interview.

[72] Donaldina Cameron House, Jean Parker School, Richmond Senior Center, and Self Help for the Elderly serve Chinese food. Downtown Senior Center, San Francisco Senior Center, and Telegraph Hill serve nonethnic specific food; Korean Senior Center serves Korean food; and Manilatown Senior Center serves Filipino food. Ibid.

[73] Ibid.

[74] Ibid.

[75] Ibid.

TABLE 7.9

Participation at Title III-Funded Nutrition Sites in San Francisco by Race or Ethnicity: September–November 1980

Nutrition sites		Race or ethnicity of participants					
		Total	American Indian	Asian American	Black	Hispanic	White
Council of Churches							
Golden Gate	#	314	0	3	6	0	305
	%	(100.0)	(0.0)	(1.0)	(1.9)	(0.0)	(97.1)
Mason Street		1,226	9	316	81	105	715
		(100.0)	(0.7)	(25.8)	(6.6)	(8.6)	(58.3)
Y.W.C.A.		353	0	25	3	5	320
		(100.0)	(0.0)	(7.1)	(0.8)	(1.4)	(90.7)
Kimochi[1]		1,236	0	863	22	0	351
		(100.0)	(0.0)	(69.8)	(1.8)	(0.0)	(28.4)
Native American Indian Services[1]		131	85	3	24	1	18
		(100.0)	(64.9)	(2.3)	(18.3)	(0.8)	(13.7)
Salvation Army							
Alexis		197	0	50	5	16	126
		(100.0)	(0.0)	(25.4)	(2.5)	(8.1)	(63.9)
Canon Kip		159	0	66	10	8	75
		(100.0)	(0.0)	(41.5)	(6.3)	(5.0)	(47.2)
Capp Street		230	0	9	0	206	15
		(100.0)	(0.0)	(3.9)	(0.0)	(89.6)	(6.5)
Francis of Assissi		398	0	31	5	128	234
		(100.0)	(0.0)	(7.8)	(1.2)	(32.2)	(58.8)
Home Health		992	0	118	13	516	345
		(100.0)	(0.0)	(11.9)	(1.3)	(52.0)	(34.8)
Ingleside		205	2	28	68	13	94
		(100.0)	(1.0)	(13.6)	(33.2)	(6.3)	(45.8)
Joseph Lee		210	0	0	208	0	2
		(100.0)	(0.0)	(0.0)	(99.0)	(0.0)	(1.0)
Mission Y.M.C.A.		421	2	79	6	58	276
		(100.0)	(0.5)	(18.8)	(1.4)	(13.8)	(65.6)
North of Market		462	3	11	9	11	428
		(100.0)	(0.6)	(2.4)	(1.9)	(2.4)	(92.6)
Potrero Hill		101	0	0	3	11	87
		(100.0)	(0.0)	(0.0)	(3.0)	(10.9)	(86.1)
S.A. Mission		240	0	4	2	156	78
		(100.0)	(0.0)	(1.7)	(0.8)	(65.0)	(32.5)
SAC		415	0	227	9	13	166
		(100.0)	(0.0)	(54.7)	(2.2)	(3.1)	(40.0)
Silvercrest		582	3	311	17	15	236
		(100.0)	(0.5)	(53.4)	(2.9)	(2.6)	(40.5)
Sunset		246	9	70	17	26	124
		(100.0)	(3.7)	(28.4)	(6.9)	(10.6)	(50.4)
Turk Street		451	2	79	27	14	329
		(100.0)	(0.4)	(17.5)	(6.0)	(3.1)	(72.9)
Valencia/Market		196	0	122	5	10	59
		(100.0)	(0.0)	(62.2)	(2.6)	(5.1)	(30.1)
Visitacion Valley		205	1	35	24	30	115
		(100.0)	(0.5)	(17.1)	(11.7)	(14.6)	(56.1)
Woolf House		170	0	126	5	1	38
		(100.0)	(0.0)	(74.1)	(2.9)	(0.6)	(22.4)

TABLE 7.9 (CONTINUED)

Participation at Title III-Funded Nutrition Sites in San Francisco by Race or Ethnicity: September–November 1980

Nutrition sites		Race or ethnicity of participants					
		Total	American Indian	Asian American	Black	Hispanic	White
Self Help for the Elderly[1]							
Donaldina Cameron House	#	415	0	415	0	0	0
	%	(100.0)	(0.0)	(100.0)	(0.0)	(0.0)	(0.0)
Downtown Senior Center		204	0	8	3	4	189
		(100.0)	(0.0)	(3.9)	(1.5)	(2.0)	(92.6)
Jean Parker school		417	0	416	0	0	1
		(100.0)	(0.0)	(99.8)	(0.0)	(0.0)	(0.2)
Korean Senior Center		160	0	144	1	0	15
		(100.0)	(0.0)	(90.0)	(0.6)	(0.0)	(9.4)
Manilatown Senior Center		553	0	546	1	2	4
		(100.0)	(0.0)	(98.7)	(0.2)	(0.4)	(0.7)
Richmond Senior Center		159	0	159	0	0	0
		(100.0)	(0.0)	(100.0)	(0.0)	(0.0)	(0.0)
S.F. Senior Center		428	0	17	11	32	368
		(100.0)	(0.0)	(4.0)	(2.6)	(7.5)	(86.0)
Self Help for the Elderly		430	0	429	0	0	1
		(100.0)	(0.0)	(99.8)	(0.0)	(0.0)	(0.2)
Telegraph Hill Center		216	0	26	1	2	187
		(100.0)	(0.0)	(12.0)	(0.5)	(0.9)	(86.6)
United Jewish Community Centers							
Adath Israel		378	0	8	10	10	350
		(100.0)	(0.0)	(2.1)	(2.6)	(2.6)	(92.6)
Beth Sholen		330	0	10	10	10	300
		(100.0)	(0.0)	(3.0)	(3.0)	(3.0)	(90.9)
Haight Ashbury		193	0	8	20	15	150
		(100.0)	(0.0)	(4.1)	(10.4)	(7.8)	(77.7)
Montefiore-Presidio		775	0	15	20	20	720
		(100.0)	(0.0)	(2.0)	(2.6)	(2.6)	(92.7)
Mount Zion		205	0	15	75	15	100
		(100.0)	(0.0)	(7.3)	(36.6)	(7.3)	(48.8)
Western Addition[1]		512	0	22	325	15	150
		(100.0)	(0.0)	(4.3)	(63.5)	(2.9)	(29.3)

Note: Numbers may not add to 100 percent due to rounding.

[1] Minority Title III-funded organizations.

Sources: Leigh Hubert, director, and David Owen, Native American Indian Services, interview in San Francisco, Mar. 10, 1981; Evelyn Dexter, project director, The Salvation Army Senior Activities and Meals Program, interview in San Francisco, Mar. 13, 1981; Norman Leach, associate director, San Francisco Council of Churches, interview in San Francisco, Mar. 11, 1981; David Ishida, nutrition director, Kimochi, interview in San Francisco, Mar. 10, 1981; Vera Haile, assistant director, and Noreen Chen, nutrition coordinator, Self Help for the Elderly, interview in San Francisco, Mar. 11, 1981; Florence Edelman, kosher nutrition director, the United Jewish Community Centers, interview in San Francisco, Mar. 12, 1981; and Frederick Hubbard, director, Western Addition Center, interview in San Francisco, Mar. 13, 1981.

Adath Israel, serve kosher food and the other two, Haight Ashbury[76] and Mount Zion, serve nonethnic-specific food.[77] Every site has a bulletin with monthly menus that are distributed to seniors who are on the mailing list, except Mount Zion which has a menu posted at the site. Most people learn about the centers through word of mouth or through the bulletins.[78] Over 90 percent of the participating seniors at Adath Israel, Beth Sholem, and Montefiore-Presidio are white (see table 7.9). One of the sites, Beth Sholem, is in the Richmond District, an area whose population is about 50 percent Asian American.[79] Because Beth Sholem serves kosher food and the other nutrition site in the area serves only on Saturdays, most of the Asian Americans are transported to Kimochi or Self Help for the Elderly nutrition sites.[80]

Japanese American meals are provided at three nutrition sites run by Kimochi. Kimochi has to serve its elderly on a limited basis: one site serves only on the weekend, one is open only on Wednesdays, and the third site is open 5 days a week.[81] About 220 meals are served each day. Many of the elderly served by Kimochi are Asian American and represent a diverse ethnic background. Over a 3-month period 1.8 percent of the seniors participating in the Kimochi program were black, 28.4 percent were white, and 69.8 percent were Asian American (26.7 percent, Japanese American; 20.1 percent, Chinese American; 12.0 percent, Filipino American; 10.8 percent, Korean American; and 0.2 percent, Hawaiian). Kimochi transports Asian American seniors, predominantly Japanese American, from the Richmond and Sunset Districts to its nutrition site in Western Addition so that they can receive ethnically oriented food.[82]

Western Addition provides nutrition services in a predominantly black community by the same name. Over a 3-month period the program served 512 persons of whom 63.5 percent were black, 4.3 percent were Asian American, 2.9 percent were Hispanic, and 29.3 percent were white (see table 7.9). According to a minority leader, the Western Addition site is the only site with onsite preparation in a black community. This representative complained that blacks should be able to receive food that is culturally acceptable to them. She stated that the black community of Bayview Hunter's Point is served inadequately. There is one nutrition site, Joseph Lee, in the area that serves 50[83] meals a day, although there are 1,500 black seniors within a 10-block radius of the site, according to this representative.[84]

[76] Edelman Interview. The Haight Ashbury site was no longer served by the United Jewish Community Centers in fiscal year 1981–82. Florence Edelman, telephone interview, Sept. 14, 1981.

[77] Edelman Interview.

[78] Ibid.

[79] Ishida Interview.

[80] Ibid.

[81] Ibid.

[82] Ibid.

[83] Schembri Telephone Interview.

[84] Ardath Nichols, executive director, Crispus Attucks Senior Center, interview in San Francisco, Mar. 9, 1981 (hereafter cited as Nichols Interview). Another minority representative said that there are approximately 16,000 seniors in the Bayview Hunter's Point area of which this 10-block radius is a part. Davis Interview.

Native American Indian Services provides nutrition and social services to mostly American Indian seniors.[85] Sixty-five percent of the elderly eating at the nutrition site are American Indian, 18.3 percent are black, 2.3 percent are Asian American, 0.8 percent are Hispanic, and 13.7 percent are white. Meals are ethnically oriented to American Indians and the demand is greater than funding allows; rather than turn seniors away, this organization is serving more meals than its Title III–C funding allows and is incurring a deficit.[86]

Home-Delivered Meals: Meals on Wheels, through its subaward, provides two home-delivered meals a day, one hot and one cold, to elderly San Franciscans who are not able to leave their homes.[87] People learn about the program's existence through publicity in newspapers, through a flyer posted in stores, hospitals, churches, and temples, and by word of mouth. The publicity is only in English,[88] except for a flyer that is printed in Spanish and circulated in the Mission neighborhood, an area of the city where many Hispanics live.[89] The program does not serve ethnic meals to any of its clients.[90] Of those seniors currently served by the home-delivered meals program, 91.2 percent are white, 2.5 percent are black, 2.4 percent are Hispanic, 3.9 percent are Asian American, and none are American Indian (see table 7.8). Given their social and economic needs, minority elderly are severely underrepresented in this program. The director of the program said that the San Francisco Commission on Aging has never encouraged the program to have more minority participants.[91] The San Francisco Commission on Aging representative, however, stated that because of low minority participation in the program, the SFCOA has mandated that Meals on Wheels begin serving the Potrero Hill and Bayview Hunter's Point areas, where many black elderly live.[92] Although the award with Meals on Wheels is for citywide services, these areas of the city have not been served. When asked, the SFCOA representative reported that no directives had been given to Meals on Wheels to increase black or other minority elderly participation in the areas it is already serving.[93] According to the director of Native American Indian Services, however, more needs to be done for American Indian seniors who cannot get out of their homes; she has approached the San Francisco Commission on Aging about her organization providing home-delivered meals because a large number of "feeble" American Indian elderly in her area are not provided with meals from the current Title III-funded service provider, but to no avail.[94]

[85] Hubert and Owen Interview.
[86] Ibid.
[87] Jones Interview.
[88] Ibid.
[89] Dorrwin Jones, director, Meals on Wheels, telephone interview, Nov. 11, 1981 (hereafter cited as Jones Telephone Interview).
[90] Jones Interview. If a minority person requests an ethnic meal, that person is referred to one of the minority organizations that provides ethnic meals. Jones Telephone Interview.
[91] Ibid.
[92] Ibid. In reviewing the report, Dorrwin Jones stated that, before receiving Federal monies, his organization relied heavily on volunteer drivers who did not want to go into certain areas of the city because they believed them to be too dangerous. Now that his organization has paid drivers they will be driving to all areas of the city. Jones Telephone Interview.
[93] Flemming Telephone Interview.

Service Planning, Program Evaluation, and Monitoring

One way the San Francisco Commission on Aging assesses the needs of the elderly in San Francisco is to hold public hearings. Early in 1980, SFCOA held five public hearings to identify local priorities. In addition, SFCOA has utilized a mail-out questionnaire that asks seniors to rank their needs and has analyzed requests made by seniors to information and referral. The needs of minority elderly may not be easily discerned, however, through this process. Racial and ethnic data were not asked of the respondents to the questionnaire or of persons seeking help through information and referral. In addition, only one of the public hearings was located in a neighborhood where substantial numbers of minorities live. At that hearing, seniors indicated the need for more bilingual information.[95]

Each Title III-funded organization is required to submit quarterly reports that indicate the number of clients served, by race or ethnicity. In addition, the San Francisco Commission on Aging assigns monitors to each of the Title III-funded organizations.[96] The monitors conduct onsite visits and communicate by telephone with their assigned organizations.[97] According to the SFCOA representative, the monitor's major focus is to provide technical assistance on budgetary matters so that the organization will not run out of money before the end of the year. Another San Francisco Commission on Aging representative stated that the major use of the racial and ethnic data provided in the quarterly reports was to provide this information in a report that goes to the State unit on aging for future planning purposes.[98]

Summary

In 1980 San Francisco's population was estimated at 678,974. Minorities represented more than 42 percent of the population. There also was a minority elderly population of 31,596 people (22.3 percent of elderly) in San Francisco in 1970. Minority elderly in San Francisco were more likely to be in poverty than nonminority elderly. Available statistics from the Bureau of the Census indicated that elderly Asian Americans and blacks were nearly twice as likely as elderly whites to be in poverty.

The San Francisco Commission on Aging is the area agency on aging responsible for administering programs that take into consideration the needs of San Francisco's elderly population, especially those most socially and economically in need. New commissioners, advisory council members, and an executive director of the agency were appointed in early 1981. Minorities constituted over 50 percent of the commissioners and advisory council members. The new executive director of the commission is black. The rest of the San Francisco Commission on Aging work force was made up predominantly of white professionals and minority support staff or minority part-time community workers. The San Francisco Commission on Aging adopted an affirmative action plan in early 1981.

[94] Hubert and Owen Interview. In reviewing the report, Mary Schembri stated that, at the time of the Commission interview, Native American Indian Services was funded to provide five home-delivered meals a day. Schembri Telephone Interview.

[95] *Transitional Area Plan,* exhibit A–2.

[96] Flemming Interview.

[97] Flemming Telephone Interview.

[98] Schembri Telephone Interview.

San Francisco Commission on Aging's affirmative action goals include hiring Hispanics, since they were underrepresented at the agency. However, none of the three persons hired at the agency in the past 6 months was Hispanic.

In fiscal year 1980–81 the San Francisco Commission on Aging distributed $2,115,612 in Title III funds. Two minority organizations received 16.5 percent of the Title III–B (social services) funds: Self Help for the Elderly, a Chinese American organization, and Mission Neighborhood Centers, a Hispanic organization. Five nonminority organizations received 83.5 percent of the Title III–B funds. American Indian, black, Japanese American, and Filipino American organizations did not receive any funds under Title III–B for fiscal year 1980–81. In addition to the seven awards for Title III–B, the San Francisco Commission on Aging funded eight nutrition awards under Title III–C, totaling $1,524,161. One black organization, one Chinese American, one Japanese American, one American Indian, and four nonminority organizations received Title III–C funds in fiscal year 1980–81. The four nonminority organizations received $1,035,752 or 68.0 percent of the Title III–C funds awarded. Hispanic and Filipino American organizations did not receive any Title III–C funds in fiscal year 1980–81.

In fiscal year 1981–82 all organizations were to be funded at 91 percent of their previous year's funding, with the remaining money to be used to bring new organizations into the funding stream and to improve existing services in some areas. Organizations noted, however, that the money made available for new awards would not be enough to fund new organizations adequately. The additional funds for fiscal year 1981–82 were awarded to seven minority and four nonminority organizations. Most of the awards were for less than $15,000.

Minority employees of the Title III-funded organizations generally did not hold decisionmaking positions except when they were employed by minority organizations. No affirmative action plans were required of Title III–B organizations until 1981. Some nonminority organizations did not have bilingual staff or literature in languages other than English.

The participation of minority elderly in Title III programs varied greatly. Looking at each of the services individually, the data showed that minorities were much more likely to benefit from certain ones than from others, and there appeared to be a direct relationship between minority participation and whether the firm providing the service was minority. Title III organizations lacked extensive outreach to minorities. The organizations indicated that they were serving up to capacity now and did not encourage further participation because of budget constraints. The San Francisco Commission on Aging has not monitored and evaluated programs regarding minority participation. It did not encourage organizations to do more outreach so that minorities could participate in the available programs.

Chapter 8

Honolulu, Hawaii

Demographic Profile

In Hawaii, no one ethnic group constitutes a clear majority.[1] Historically, the Hawaiian Islands have been characterized by depopulation of native Hawaiians and gradual repopulation by immigrant national groups. Intermarriage among these groups and new immigration from Asia, the Pacific Islands, and the continental United States have created Hawaii's multicultural, multiethnic society. Hawaii is the only State where the majority of the population is derived from the Pacific Islands or Asia rather than Europe.[2]

Asian and Pacific Island Americans make up nearly 73 percent of the population residing in the city of Honolulu, according to 1975 data (see table 8.1).[3] The two largest Asian and Pacific Island

[1] Although Asian and Pacific Island Americans are the largest population group in Hawaii, within the context of this chapter, they are a minority group by definition. (See glossary for further definition.) Because of the size of the Asian ethnic-specific subgroups (e.g., Japanese, Chinese) in Honolulu, each is identified separately. The term majority is used as an equivalent to the term white, not of Hispanic origin, except where noted otherwise. The term minority is used to mean nonwhite.

[2] Substantial numbers of Asian and Pacific Island Americans are found in relatively few areas of the United States. According to the 1970 census, approximately 87 percent of Hawaiians, 73 percent of Japanese, 69 percent of Filipinos, and 40 percent of Koreans lived in either California or Hawaii. U.S., Commission on Civil Rights, *Civil Rights Issues of Asian and Pacific Americans: Myths and Realities* (1979), p. 758 (hereafter cited as *Civil Rights Issues of Asian and Pacific Americans: Myths and Realities).* Seventy-one percent of Chinese lived in those two States, plus New York. U.S., Department of Commerce, Bureau of the Census, *General Population Characteristics,* 1970 Census of Population and Housing, pt. 13, PC (1)–B; U.S., Department of Commerce, Bureau of the Census, *Detailed Characteristics,* 1970 Census of Population and Housing, PC (1)–D; U.S., Department of Commerce, Bureau of the Census, *Japanese, Chinese and Filipinos in the United States,* 1970 Census of Population and Housing, PC (2)–1G. In Hawaii Asian and Pacific Island American ethnic groups are nearly 60 percent of the State's population. The two largest groups in the population are the Japanese, who account for 25.2 percent of the population, and Hawaiians, who account for 15.3 percent. Other groups represented in the population of Hawaii are as follows: white, 30.5 percent; Filipino, 10.9 percent; Chinese, 4.8 percent; Korean, 1.2 percent; black, 1.1 percent; Samoan, 0.8 percent; Hispanic, 0.6 percent; mixed and other, 9.6 percent. State of Hawaii, Office of Economic Opportunity and Hawaii Community Action Program Directors Association, *Profile on Poverty—State of Hawaii* (April 1979), p. 6 (hereafter cited as *Profile on Poverty—State of Hawaii).*

[3] The year 1970 is the latest for which general

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TABLE 8.1
General Population of Honolulu by Race or Ethnicity: 1975

Race or ethnicity	General Population	
	Number	Percent
American Indians/Alaskan Natives	0	0.0%
Asian and Pacific Island Americans	249,442	72.7†
Chinese	31,896	9.3
Filipinos	31,763	9.3
Hawaiians[1]	40,209	11.7
Japanese	105,797	30.8
Koreans	7,120	2.1
Samoans	3,157	0.9
Others[2]	29,500	8.6
Blacks	2,478	0.7
Hispanics	1,235	0.4
Whites	89,860	26.2
Total[3]	343,015	100.0%

† This can be interpreted as follows: In 1975, 249,442 or 72.7 percent of Honolulu's population was Asian and Pacific Island American.

[1] "Hawaiians" refers to those persons who consider themselves to be primarily or solely of Hawaiian ancestry as well as all persons reported as partly of Hawaiian background and partly of some other background. Of the total, 0.8 are Hawaiians, while 10.9 percent are part Hawaiians.

[2] The category includes all persons who consider themselves to be of mixed ethnicity, no part of which is Hawaiian. It also includes persons whose ethnic heritage is from Vietnam, Laos, or Indochina, as well as persons of Polynesian background.

[3] This total represents the population of the city of Honolulu. The population of the city and county of Honolulu in 1975 was estimated at 678,979.

Source: State of Hawaii, Office of Economic Opportunity, "OEO 1975 Census Update Survey OAHU," September 1976.

groups in this population are the Japanese, who account for 30.8 percent, and Hawaiians, who represent 11.7 percent. Other groups represented in the population of Honolulu are: white, 26.2 percent; Filipino,[4] 9.3 percent; Chinese, 9.3 percent; Korean, 2.1 percent; Samoan, 0.9 percent; black, 0.7 percent; Hispanic, 0.4 percent; and mixed and other, 8.6 percent.[5]

Honolulu has a relatively large percentage of older persons.[6] Data for 1975 (the most current available) show that 10.7 percent of the population was 60 years or older, with Asian and Pacific Island Americans accounting for nearly 73 percent of all older persons (see table 8.2).[7] Japanese represent the largest proportion of the elderly minority population in Honolulu.[8]

The elderly of Honolulu experience the same problems inherent in aging as other older persons. However, their problems are complicated by distinct and deeply rooted cultural[9] and linguistic factors[10] because the largest proportion

census statistics for Honolulu are available for Asian and Pacific Island American subgroups. *Japanese, Chinese and Filipinos in the United States.*

[4] Filipino is the term preferred by the U.S. Bureau of the Census to designate persons having their origins in the Philippine Islands.

[5] State of Hawaii, Office of Economic Opportunity, "OEO 1975 Census Update Survey, Oahu" (September 1976), p. 44.

[6] State of Hawaii, Population Reference Bureau, *Hawaii Data Sheet* (Honolulu: The Commission on Population and the Hawaiian Future, 1980).

[7] State of Hawaii, Executive Office On Aging, *Area Plan for the City and County of Honolulu* (February 1980), p. 7. The Older Americans Act is generally intended to benefit persons age 60 or older. 42 U.S.C. §§3024, 3025 (Supp. III 1979). However, nutrition services are to be made available to spouses of individuals aged 60 or older, regardless of the spouses' age. 42 U.S.C. §3027(a)(13)(A) (Supp. III 1979). Further, as a general requirement, service priorities are to be set for older persons who are living in poverty or who have social needs based on "physical and mental disabilities, language barriers, [or] social [and] cultural isolation[,] including that caused by racial or ethnic minority status." 45 C.F.R. §1321.109 (1980) and 45 C.F.R. §1321.3 (1980).

[8] The proportion of the racial and ethnic groups within the elderly population is directly related to the time period in which the groups migrated to the Hawaiian Islands. For example, although the Polynesian ancestors of the Hawaiians migrated to the islands more than 1,000 years ago, this population suffered a substantial decline in its numbers as a result of abnormally high death rates and correspondingly low birth rates; on the other hand, the majority of persons of Chinese, Japanese, and Filipino heritage arrived between 1852 and 1924 and experienced rapid growths in their populations. Thus, these groups have the largest percentage of older persons among Honolulu's elderly. Most blacks and whites moved to Hawaii from the continental United States in the past 25 years and tend to be relatively younger populations. Eleanor C. Nordyke, *The Peopling of Hawaii* (Honolulu: University Press of Hawaii, 1977), p. 79.

[9] "Asian and Pacific Island American elderly are culturally diverse. They have different. . ., histories, customs, values, traditions, and lifestyles. . . .Within each of the various Asian and Pacific Island American communities are subgroups which differ from one another in terms of. . ., origin, status, migration history, and experience in America." Kenji Murase, "Implementing Culturally Relevant Programs For Asian/Pacific American Elderly" (paper presented at Workshop on Minority Elderly Research, Institute on Human Service Management, California State University, Sacramento, Calif., July 23–25, 1980), p. 4.

[10] According to studies of aging, in general, among Asian Americans, "language barriers, lack of knowledge about how to use services, and cultural differences are the primary obstacles preventing Asian Americans from participating in public social and health service programs." Demonstration Project for Asian Americans, "DPAA Project Effectiveness Evaluation Report" (Los Angeles, 1973); Pacific Asian Elderly Research Project, "Critical Factors in Service Delivery" (1978); and Bok-Lim Kim "Problems and Service Needs of Asian Americans in Chicago: An Empirical Study," *Amerasia Journal*, vol. 5, no. 2

TABLE 8.2
Elderly Population of Honolulu by Race or Ethnicity: 1975

Race or ethnicity	Population 60 years and older	
	Number	Percent
American Indians/Alaskan Natives	0	0.0%
Asian and Pacific Island Americans	52,867	72.8†
Chinese	8,138	11.2
Filipinos	11,270	15.5
Hawaiians[1]	5,813	8.0
Japanese	25,174	34.6
Koreans	1,381	1.9
Others[2]	1,091	1.5
Blacks	146	0.2
Hispanics	1,017	1.4
Whites	18,630	25.6
Total[3]	72,660	100.0%

† This can be interpreted as follows: In 1975, 52,876 or 72.8 percent of the elderly population in Honolulu was Asian and Pacific Island American.

[1] "Hawaiian" refers to those persons who considered themselves to be primarily or solely of Hawaiian ancestry as well as all persons reported as partly of Hawaiian background and partly of some other background.

[2] The category includes all persons who consider themselves to be of mixed ethnicity, no part of which is Hawaiian. It also includes Vietnamese, Laotians, and Indochinese as well as all persons reported as partly of Polynesian background and partly of some other background.

[3] This total reflects the number of elderly in the HAAA planning and service area which encompasses the city and county of Honolulu.

Source: State of Hawaii, Executive Office on Aging, *Area Plan for the City and County of Honolulu*, February 1980, p. 7.

of the city's elderly have their origins in Asia or the Pacific Islands.[11] A significant number of Asian and Pacific Island American elderly in Honolulu have also had to cope with problems associated with their immigration patterns. Anti-Asian exclusion laws created hardships for certain Asians and Pacific Islanders.[12] For example, the majority of Filipinos who immigrated to Hawaii during the 1920s and 1930s were men who came largely as unskilled laborers to work on the sugar and pineapple plantations.[13] Various exclusionary laws prevented these men from bringing their wives and their families with them. The laws also forbade them to marry white women. As a result, the elderly Filipinos are disproportionately men, most of whom live alone in poverty.[14]

Honolulu Area Agency on Aging

The Honolulu Area Agency on Aging (HAAA), established in 1974 by the mayor, distributes Title III funds and develops service programs for the elderly in Honolulu. The planning and service area (PSA) for the HAAA covers both the city of Honolulu and Honolulu County, although 77 percent of the elderly population resides within the city.[15]

Funding for the agency is obtained from Federal, State, and county sources, with a total budget for fiscal year 1980–81 of $3,203,321.[16] Title III funds account for $1,940,482 of this total, or more than 60 percent of the overall budget.[17]

HAAA Advisory Council

Under the guidelines of the Older Americans Act, each area agency is required to have an advisory council made up of community representatives. According to the HAAA acting director, the Honolulu Committee on Aging was established for this purpose, and members are appointed by the mayor for 4-year terms.[18] This body meets once a month to discuss the activities of the HAAA and has 18 members.[19] Representation on this committee is largely Japanese and Chinese. These populations represent 61.1 percent (11 members) of the Honolulu Committee on Aging but are 40.1 percent of Honolulu's population (see table 8.1).[20]

(1978), as cited in *Civil Rights Issues of Asian and Pacific Americans: Myths and Realities,* p. 19.

[11] Although the Asian and Pacific Island American groups share common geographic and similar cultural origins "each represents distinctly different language and cultural backgrounds . . .and. . .[it] cannot [be assumed] that all are homogeneous." Presentation of L. Ling-Chi Wang, *Civil Rights Issues of Asian and Pacific Americans: Myths and Realities,* p. 22.

[12] U.S., Commission on Civil Rights, *The Tarnished Golden Door, Civil Rights Issues in Immigration* (September 1980), pp. 8–9.

[13] Nordyke, *The Peopling of Hawaii,* p. 41.

[14] Ibid., pp. 41–44.

[15] Lawrence Lee, acting director of HAAA; Ellen Eshima, planner; and Joseph Lum, budget analyst, interview in Honolulu, Mar. 2, 1981 (hereafter cited as HAAA Interview).

[16] Ibid. The emphasis of this report is on Title III-funded programs and services. However, the discussion does make note of the non-Federal monies administered by HAAA. Because over 70 percent of all non-Federal funds for elderly programs in Honolulu are awarded to the same service providers that receive Title III funds, they will be discussed in the text. Those service providers who do not receive Title III funds will not be discussed in this chapter.

[17] Ibid.

[18] Ibid.

[19] Ibid.

[20] The remainder of the committee is made up of two Filipino, two white, and one black member. According to the county executive on aging, the mayor has appointed a new committee on aging which more adequately reflects the ethnicity of

Employment Practices of the Honolulu Area Agency on Aging

The employment and staffing pattern of the Honolulu Area Agency is one indication of whether racial and ethnic minorities are participating fully in federally assisted programs authorized under the Older Americans Act.

Minority Representation on the HAAA Staff

The Honolulu Area Agency staff has 13 full-time employees whose salaries, with one exception, are paid by Title III funds.[21] Of the 12 full-time staff employed by the HAAA in 1980, 4 were Japanese, 4 were Chinese, 2 were Hawaiian, 1 was white, and 1 was Hispanic (see table 8.3).[22] Seven of these positions are considered managerial-level or decisionmaking positions, three are paraprofessional, and the three remaining positions are clerical.[23]

Although the agency staff is largely Asian and Pacific Island American, the distribution among the Asian and Pacific Island American subgroups, both in terms of numbers and the level of position, varies substantially. According to the director of the Hawaii State Executive Office on Aging (HSEOA), Hawaiians, in particular, are not employed in representative numbers at either the HSEOA or HAAA, and where they are employed, they tend to hold paraprofessional and clerical positions.[24]

Honolulu's elderly residents. Sue Reid, county executive on aging, Honolulu Area Agency on Aging, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 27, 1981, (hereafter cited as Reid Letter).

[21] Salaries for the information and referral service component are paid by Honolulu city/county funds.

[22] Only 12 of the 13 full-time positions were filled as of Mar. 2, 1981. The position of county executive on aging was vacant. HAAA Interview.

[23] The seven managerial-level positions are: county executive, planner, program coordinator, budget analyst, grants management specialist, nutrition program specialist, and information and referral coordinator. The paraprofessional positions include the team leader positions and the intaker, while the clerical-level positions include the positions of clerk stenographer and clerk typist.

[24] Joseph Agsalud, director, Hawaii State Department of Labor and Industrial Relations, and Sharon Moriwaki, administrator, Hawaii State Department of Labor and Industrial Relations, Title V Program, interview in Honolulu, Mar. 2, 1981 (hereafter cited as Agsalud Interview). The employment patterns of Hawaiians and other minorities at HAAA are generally representative of those at other local and State offices in Hawaii. One explanation of why Japanese Americans tend to hold managerial-level or decisionmaking positions was suggested by the director of the Hawaii Department of Labor and Industrial Relations. He stated that the overrepresentation of Japanese employees at the State and local level has occurred because historically Japanese were denied entry into the more lucrative jobs in private industry and turned to government employment as tne only viable alternative. As a result many Japanese have worked their way into top level positions. He stated further that Filipinos and Hawaiians seldom appear on certified lists of eligibles and for this reason, they are generally underrepresented within the work force of the State and local government, especially in the top level positions. Agsalud Interview. Renji Goto, director, Hawaii State Executive Office on Aging, justified the absence of Hawaiians from decisionmaking positions by stating that the small number of Hawaiians employed at both the State and local level is due mainly to the Hawaiians not putting enough emphasis on education and as a result being unable to work their way into the upper echelon jobs in the system. Interview in Honolulu, Mar. 2, 1981 (hereafter cited as Goto Interview).

Minorities, however, generally find this type of assessment to be unacceptable and inaccurate as an explanation of employment patterns for minorities. In addition, the director of the Hawaii Department of Labor and Industrial Relations stated further that the employment patterns for

TABLE 8.3
Employees of Honolulu Area Agency on Aging by Position and Race or Ethnicity: 1980

Positions	Total	Race or ethnicity of employees							
		American Indian	Asian and Pacific Island Americans				Black	Hispanic	White
			Chinese	Filipino	Hawaiian	Japanese			
Full time									
County executive on aging[1]									
Planner	1	0	0	0	0	1	0	0	0
Program coordinator	1	0	0	0	0	0	0	0	1
Budget analyst	1	0	1	0	0	0	0	0	0
Grants management specialist	1	0	0	0	0	1	0	0	0
Nutrition program specialist	1	0	0	0	0	1	0	0	0
Clerical	3	0	1	0	1	0	0	1	0
Information and referral coordinator	1	0	1	0	0	0	0	0	0
Team leaders	2	0	1	0	0	1	0	0	0
Intaker	1	0	0	0	1	0	0	0	0
Subtotal	12	0	4	0	2	4	0	1	1
Part time									
I & R aides	13	0	1	2	6	2	0	0	2
Nutrition aides	4	0	1	2	0	0	0	0	1
Subtotal	17	0	2	4	6	2	0	0	3
Grand total	29	0	6	4	8	6	0	1	4
Percentages	(100.0)	(0.0)	(20.7)	(13.8)	(27.6)	(20.7)	(0.0)	(3.4)	(13.8)

[1] Position vacant at the time of Commission staff interview. The position was filled on May 5, 1981. Sue Reid, county executive on aging, Honolulu Area Agency on Aging, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 27, 1981, Washington, D.C.

Source: Lawrence Lee, acting director, HAAA; Ellen Eshima, planner; and Joseph Lum, budget analyst, interview in Honolulu, Mar. 2, 1981.

Among the Honolulu Area Agency on Aging's employees, Japanese and Chinese are represented at all levels. Japanese and Chinese account for 40.1 percent of the population but hold 67 percent of all full-time staff positions at HAAA. In addition, with one exception, each of the managerial-level or decision-making positions at HAAA are held by Japanese or Chinese employees. In contrast, Hawaiians and Filipinos do not hold administrative-level positions, but are employed by HAAA as aides and one Hawaiian is employed as an intaker.

The Honolulu Area Agency and its staff provide services to a predominantly Asian and Pacific Island American elderly population, many of whom do not speak English.[25] When asked if any staff members could speak languages other than English fluently,[26] HAAA staff indicated that although a number of staff are able to communicate in a second language, bilingualism is not a job prerequisite.[27] According to the HAAA, the agency has outreach and administrative staff who speak Japanese and Hawaiian as well as one dialect of the Filipino language. However, no staff member can converse fluently in Chinese. Honolulu Area Agency staff argued that there really is little need for persons who speak a language other than English because they are faced with "very few language problems since everyone speaks 'pidgin'." ("Pidgin English" is a dialect of English containing many Japanese, Chinese, Filipino, and Hawaiian words).[28]

This view was disputed by individuals of other organizations representing senior citizens, as well as by Title III-funded organizations, who expressed the opinion that there is an unmet need for bilingual staff at the Honolulu Area Agency on Aging.[29] In particular, staff at the Susannah Wesley Community Center immigrant services program said that the HAAA staff is unable to serve effectively many of the recent immigrant elderly population because of language difficulties.[30]

Recruitment and Hiring of Minorities

The Honolulu Area Agency on Aging has few job openings because staff turnover is generally limited. However, the HAAA acting director said that for fiscal

whites in Hawaii differ from those of minorities. According to him, whites were hired for the better jobs in private industry and are therefore not represented in significant numbers among State and local government employees. Agsalud Interview.

[25] The HAAA has no information on the number of elderly in Honolulu who do not speak English.

[26] To be fluent in a language means to have the ability to converse effortlessly, rapidly, and smoothly in the language.

[27] HAAA Interview. According to the HAAA county executive, preference is given to bilingual applicants. Reid Letter.

[28] Dennis M. Ogaway, *The Japanese American Experience in Hawaii* (Honolulu: University Press of Hawaii, 1978), pp. 209–17. (For further discussion of the importance of bilingual staff capabilities, see section on information and referral below.)

[29] Winona Rubin, executive director, Alu Like, interview in Honolulu, Mar. 3, 1981 (hereafter cited as Rubin Interview); A.J. McElrath, administrative assistant, International Longshoremen and Warehouse Union, interview in Honolulu, Mar. 5, 1981 (hereafter cited as McElrath Interview); and Agsalud Interview.

[30] Amy Agbayani, operating manager, Susannah Wesley Community Center, immigrant services department, interview in Honolulu, Mar. 3, 1981 (hereafter cited as Agbayani Interview). The recent immigrant groups were identified as including Filipinos, Koreans, and Indochinese.

year 1981–82 the agency was allocated additional funds by the city to hire 31 new outreach workers. These positions have generally been publicized in the English-language newspapers and through word of mouth.[31] When asked if bilingualism was emphasized in the job announcements, HAAA staff reported that the published qualifications for the positions did not mention bilingual skills. Nevertheless, HAAA staff acknowledged that such skills would be useful, while at the same time reiterating that the existence of staff speaking only English was no barrier to service delivery.[32]

Affirmative Action

According to the acting director, although the HAAA was covered under the Honolulu Office of Human Services affirmative action plan (AAP), there was no separate plan in effect for the HAAA. Staff indicated that, in the past, the agency had been required to have an AAP, but for fiscal year 1981–82 the requirement no longer existed.[33] However, the staff also stated that the "HAAA would probably prepare an AAP for this year."[34] Consequently, the agency had no written statement regarding the agency's affirmative action responsibilities. Staff could not provide documentation of the Honolulu Area Agency's position on hiring, promoting, or training of specific racial or ethnic groups in the planning and service area.

Title III Funds Awarded by Honolulu Area Agency on Aging

Although the majority of funds awarded to organizations by HAAA are funded under Title III of the Older Americans Act, the following discussion also takes into account the distribution of non-Title III monies administered by the HAAA.

Minority Representation Among Title III-Funded Organizations

In fiscal year (FY) 1981, six organizations received Title III funding (see table 8.4).[35] Each of the organizations is a social service agency that has received Title III funds for at least 3 or more years.[36] Four Title III-funded organizations are private, nonprofit organizations, while one is a local city-county agency and another represents a federally funded service. None of these organizations is minority.[37]

The three Title III-funded organizations receiving the greatest share of Title III funds are Lanakila Rehabilitation Center, Catholic Social Services, and Legal Aid Society of Hawaii. Together they receive more than $1.4 million or 73.3 percent of the Title III funds awarded by HAAA.[38]

Lanakila Rehabilitation Center is a private, nonprofit organization that is a

[31] At the time of the Mar. 2, 1981, interview, HAAA had received 133 applications.

[32] HAAA Interview.

[33] Ibid. Since HAAA comes under the Honolulu Office of Human Resources, which has an AAP, HAAA is not required to have a separate plan.

[34] Ibid.

[35] The HAAA is responsible for administering both Title III–B funds and Title III–C funds. Title III–B funds are allocated for social service programs under the OAA; Title III–C funds are allocated for congregate and home-delivered nutrition services.

[36] HAAA also receives $469,789 in Title III funds to cover costs for administration and coordination and to provide information and referral services.

[37] See glossary for definition of a minority organization or firm.

[38] HAAA Interview.

TABLE 8.4
Title III-B (Social Services) and Title III-C (Nutrition) Awards in Honolulu: 1981

Organizations	Amount	Minority (X)	Type of service
Areawide Horizon	$ 3,799		Friendly visits
Catholic Social Services	370,571		Information and referral (Non outreach), transportation, escort, friendly visits, chore maintenance, counseling
Department of Parks and Recreation	11,048		Leisure recreation
Legal Aid Society of Hawaii	28,980		Legal counseling
St. Francis Hospital	5,343		Health Education
Lanakila Rehabilitation Center			
Congregate meals	890,226		Congregate meals
Home-delivered meals'	163,241		Home-delivered meals
Total	$1,473,208		

Source: Lawrence Lee, acting director, HAAA; Ellen Eshima, planner; and Joseph Lum, budget analyst, interview in Honolulu, Mar. 2, 1981.

social service and self-help community-based agency. The overall operations of Lanakila are guided by the center's board of directors on which nine whites and seven Asian and Pacific Island Americans serve.[39] The largest Title III-funded organization, Lanakila has the sole Title III–C meal program and has administered the nutrition program since its inception in 1972.[40] Its 1980–81 funding under Title III–C was $1,053,-467.[41]

Catholic Social Service (CSS) also is a private, nonprofit organization and is administered by a 25-member board of directors that oversees general operations and the Title III program. Eighteen of the members on the CSS board are whites and six are Asian and Pacific Island Americans.[42] CSS is a Title III–B funded organization operating a comprehensive individualized services (CIS) program. Generally, this program provides counseling, community services education, home assistance, and transportation. CIS services are concentrated in the Kalihi-Palama-Chinatown area of Honolulu, one of the most economically depressed areas of the city, with a large number of elderly Hawaiians and Filipinos. CSS has been an HAAA recipient since 1974, and its allocation of Title III–

[39] The Asian Americans include four Japanese, two Chinese, and one Hawaiian.

[40] Suzette Yamasaki, coordinator, nutrition program, Lanakila Rehabilitation Center, Inc., interview in Honolulu, Mar. 5, 1981 (hereafter cited as Lanakila Interview).

[41] Ibid.

[42] Membership on the board is composed of 18 whites, 2 Filipinos, 2 Hawaiians, 1 Samoan, 1 Japanese, and 1 black. Dorothy Hoe, coordinator, comprehensive individualized services, Catholic Social Services, and Sister Ernesto Chung, community service aide, interview in Honolulu, Mar. 4, 1981 (hereafter cited as CSS Interview).

B funds for fiscal year 1980–81 was $370,571.[43]

Legal Aid Society of Hawaii is a federally funded service.[44] It has been an HAAA Title III-funded organization since 1979 and received a Title III–B award of $28,980 in FY 1981 (see table 8.4).[45]

The three other organizations that receive Title III–B awards are the Honolulu City-County Department of Parks and Recreation, Areawide Horizons Project, and St. Francis Hospital. The Honolulu Department of Parks and Recreation (DPR), an HAAA Title III-funded organization since 1974, received an award of $11,048 in FY 1981 to provide leisure and recreation activities at the congregate meal sites.[46] Areawide Horizons Project, an HAAA-funded project since 1973, provides a comprehensive service program for low-income rural seniors.[47] It received an award of $3,799 in FY 1981.[48] The St. Francis Hospital health screening and health education program is another recipient of Title III–B funds. An HAAA Title III-funded organization since 1977, the health screening and health education program received a total of $5,343 in Title III funds in FY 1981.[49]

Lanakila Rehabilitation Center is the only one of the six Title III-funded organizations that awards funds to other organizations for direct service provision. According to the director of the nutrition program, five caterers receive funding to prepare meals for the 29 congregate sites in the Title III program. Three of the five awards were given to private, nonprofit catering services, one to the department of education (DOE), and another to the Lanakila Kitchen.[50] During FY 1980 Title III-funded organizations gave $623,959 in Title III funds. Over 43 percent of the funds went to the Lanakila Kitchen, and DOE was awarded nearly 39 percent of the monies.[51] Two of the private, nonprofit organizations awarded funds for food services were minority and together they received 13.1 percent of the Title III funds

[43] Ibid.

[44] In FY 1980 the Legal Aid Society of Hawaii received almost its entire budget of $1,777,000 from the Legal Services Corporation, a public funding source.

[45] Lane Takahashi, senior citizens attorney, interview in Honolulu, Mar. 3, 1981 (hereafter cited as Takahashi Interview).

[46] Bob Masuda, director of Honolulu Department of Parks and Recreation, and Wilbert Ching, superintendent for recreation support services, interview in Honolulu, Mar. 4, 1981; also Lillian Ito, senior program coordinator, Honolulu Department of Parks and Recreation, and Chris Sabolsky, activities program specialist, interview in Honolulu, Mar. 6, 1981 (hereafter cited as DPR Interview).

[47] DPR Interview. The director of DPR also said that his office has been funded by HAAA to administer the Areawide Horizons project.

[48] Joseph Leong, program coordinator, Areawide Horizons for Senior Citizens, interview in Honolulu, Mar. 3, 1981 (hereafter cited as Leong Interview). Areawide Horizons has tentatively been designated by HAAA as a community focal point to serve the North Shore District of Haleiwa, a rural area outside Honolulu.

[49] Lily H. Yamashiro, former project director, St. Francis Hospital health screening for senior citizens, interview in Honolulu, Mar. 7, 1981 (hereafter cited as Yamashiro Interview).

[50] Lanakila Interview. One of the subawards is given to the Lanakila Kitchen for meal service, since the Title III agreement with Lanakila Rehabilitation Center is for the administration of the program only.

[51] HAAA Interview, Lanakila Interview, and Richard Hiramota, director, nutrition program, Hawaii State Department of Education, interview in Honolulu, Mar. 2, 1981 (hereafter cited as DOE Interview).

awarded by Title III-funded organizations. Ka Makua Mau Loa Church, administered by a Hawaiian board of directors, was awarded $38,370 and the Waianae Coast Kitchen received $43,544.[52] The two Asian and Pacific Island American organizations provided 9.4 percent, or 255, of the 2,705 meals prepared daily and served three congregate meal sites in the rural areas of the county. Seagull, administered by a white board of directors, received an award for $31,950 (5.1 percent) to prepare 80 meals daily for one rural nutrition site. DOE and Lanakila provided meals to the remaining 25 sites, located primarily within metropolitan Honolulu.[53]

HAAA Title III Award Process

Since the establishment of the Honolulu Area Agency on Aging, service programs for the elderly have been provided by essentially the same Title III-funded organizations, none of which is minority. According to the Honolulu Area Agency, the majority of the current Title III-funded organizations were serving the city before establishment of the HAAA and were inherited by the agency. The acting director stated that his office contacts various ethnic minority organizations to solicit potential program proposals.[54]

Staff at HAAA indicated further that they receive one or two new proposals a year. The agency reviews the program proposals, but no new project has been funded in more than 3 years, since no additional monies were made available to fund new programs.[55] According to the acting director, however, this circumstance may change. The HAAA was assessing two new FY 1982 proposals submitted by minority organizations, although the agency can only guarantee any new project 1 year of funding at this time. HAAA staff were concerned that this time limitation might be viewed by potential Title III-funded organizations as a drawback.[56]

Title III-Funded Organizations' Employment Patterns

In general, the work force of the social service organizations that receive Title III monies has representation from the various ethnic groups (see table 8.5). The Japanese and Chinese are more likely to be employed in administrative-level positions. By contrast, Filipinos and Hawaiians tend to be employed as service workers, site coordinators, and drivers, and one laboratory assistant position is held by a Hispanic.[57]

Most of the Title III-funded organizations stated that job openings in Title III

[52] Lanakila Interview. The board of directors for the Waianae Coast Kitchen is composed of one Hawaiian, one Fhilipino, one Japanese, and one white.

[53] Lanakila Interview.

[54] Ibid.

[55] HAAA Interview. Legal Aid is the newest Title III-funded organization and has received funds for the last 3 years.

[56] Ibid.

[57] The U.S. Bureau of the Census provides data on the jobs held by Asian and Pacific Island Americans. In general, Japanese and Chinese are more likely to be employed in professional and managerial occupations than as service workers in Honolulu, whereas Filipinos are overrepresented in service worker occupations. According to the data, whites tend to be employed as professional, technical, and kindred workers and as managers and administrators. Few whites are represented in service worker occupations. See U.S., Bureau of the Census, Census of Population, *Hawaii*, table 172, and *Characteristics of the Population: Japanese, Chinese and Filipinos in the United States*, tables 14, 29, and 44. See note 24 for additional information on the employment of Japanese and Hawaiians in Honolulu.

TABLE 8.5

Persons Employed by Title III-Funded Organizations in Honolulu by Position and Race or Ethnicity: 1980

Organizations/positions	Total[1]	Race or ethnicity of employees: Asian and Pacific Island Americans: Japanese	Filipino	Chinese	Hawaiian	Other Asian[2]	Hispanic	White
Lanakila Rehabilitation Center	(45)	(10)	(14)	(7)	(8)	(2)	(0)	(4)
Administrators	4	2	1	1	0	0	0	0
Office staff	4	1	3	0	0	0	0	0
Nutritionist	1	0	0	1	0	0	0	0
Nutrition education specialist	1	1	0	0	0	0	0	0
Nutrition site coordinators	31	6	9	4	7	2	0	3
Drivers	2	0	0	0	1	0	0	1
Servers	2	0	1	1	0	0	0	0
Department of Education[3]	(11)	(6)	(1)	(2)	(2)	(0)	(0)	(0)
Administrators	1	1	0	0	0	0	0	0
Kitchen staff	10	5	1	2	2	0	0	0
Catholic Social Service	(40)	(16)	(10)	(7)	(2)	(2)	(0)	(3)
Program coordinator	1	1	0	0	0	0	0	0
Office staff	5	1	2	0	0	1	0	1
Community service aide	1	0	0	1	0	0	0	0
Social workers	3	2	1	0	0	0	0	0
Supervisor	1	1	0	0	0	0	0	0
Service workers	17	8	3	4	1	1	0	0
Van drivers	10	3	3	2	1	0	0	1
Service worker/van driver	2	0	1	0	0	0	0	1
Legal Aid	(3)	(1)	(0)	(2)	(0)	(0)	(0)	(0)
Attorneys	1	1	0	0	0	0	0	0
Office staff	1	0	0	1	0	0	0	0
Paralegal	1	0	0	1	0	0	0	0
Department of Parks and Recreation[4]								
Areawide Horizons	(5)	(0)	(2)	(1)	(2)	(0)	(0)	(0)
Project coordinator	1	0	0	1	0	0	0	0
Office staff	1	0	1	0	0	0	0	0
Outreach worker	1	0	1	0	0	0	0	0
Van driver	1	0	0	0	1	0	0	0
Recreation director	1	0	0	0	1	0	0	0
St. Francis Health Screening	(9)	(2)	(1)	(0)	(1)	(1)	(1)	(3)
Director	1	0	0	0	0	1	0	0
Office staff	1	0	0	0	1	0	0	0
Community health nurses	3	1	0	0	0	0	0	2
Outreach workers	2	1	1	0	0	0	0	0
Laboratory assistants	2	0	0	0	0	0	1	1

[1] No blacks were employed by the Title III-funded organizations.

[2] Includes Samoan, Vietnamese, and Korean.

[3] The Department of Education receives funds from Lanakila.

[4] The Department of Parks and Recreation employs a coordinator for the Title III program; however, the salary for this position is not paid out of Title III funds. The position is held by a Japanese employee.

Sources: Suzette Yamasaki, coordinator, nutrition program, Lanakila Rehabilitation Center, Inc., interview in Honolulu, Mar. 5, 1981; Richard Hiramota, director, nutrition program, State Department of Education, interview in Honolulu, Mar. 2, 1981; Dorothy Hoe, coordinator, comprehensive individualized services, Catholic Social Services, interview in Honolulu, Mar. 4, 1981; Lane Takahashi, senior citizens attorney, Legal Aid Services of Hawaii, interview in Honolulu, Mar. 3, 1981; Bob Masuda, director, Honolulu Department of Parks and Recreation, interview in Honolulu, Mar. 4, 1981; Joseph Leong, coordinator, Areawide Horizons, interview in Honolulu, Mar. 3, 1981; Lily Yamashiro, former director, health screening for senior citizens, St. Francis Hospital, interview in Honolulu, Mar. 7, 1981; Sue Anderson, director, health screening for senior citizens, St. Francis Hospital, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 15, 1981, Washington, D.C.

programs are widely publicized. Moreover, job openings are generally publicized in languages other than English.[58] According to Title III-funded organizations, however, the Honolulu Area Agency on Aging has not emphasized the hiring of bilingual staff or focused on affirmative action employment efforts.[59]

HAAA Compliance Monitoring

Title III-funded organizations stated that they are required to have a written affirmative action plan[60] with goals and timetables for the hiring of minority staff.[61] According to the Honolulu Area Agency on Aging, the agency monitors Title III-funded organizations' efforts in reaching these goals.[62] The HAAA staff stated that their compliance efforts include monthly reviews of Title III-funded organizations' reports and quarterly on-site reviews.[63] However, when asked, the HAAA was unable to provide specific information on the general staffing patterns of its Title III-funded organizations. Moreover, none of the HAAA reporting forms requests information from Title III-funded organizations on progress in implementing their affirmative action plans. When questioned, none of the Title III-funded organizations indicated that the Honolulu Area Agency monitors their compliance efforts.[64]

Minority Participation in HAAA-Funded Services

The socioeconomic status of the elderly in Honolulu is of particular interest, since the Older Americans Act emphasizes that preference for services be given to those with the greatest economic and social need.[65] In 1970, the latest year for which statistics are available, 17.2 percent of all persons 65 years and older in Honolulu were in poverty.[66] The proportion of elderly in poverty varies among racial and ethnic groups. For example, 28.2 percent of all Filipinos 65 years old and older were poor.[67] On the other hand, 15.1 percent of Chinese persons ages 65 and older and 13.0 percent of older Japanese persons were in poverty.[68]

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[58] Lanakila Interview, CSS Interview, Yamashiro Interview, and Leong Interview.

[59] Ibid.

[60] Each Title III-funded organization also stated that it was required to submit a monthly report to HAAA which includes budget and participation statistics. The HAAA indicated that it is particularly interested in keeping a check on the organizations' time and attendance reports.

[61] See glossary.

[62] HAAA Interview.

[63] Ibid.

[64] CSS Interview, Lanakila Interview, Takahashi Interview, Yamashiro Interview, DPR Interview, and Leong Interview.

[65] 45 C.F.R. §1321.109 (1980).

[66] *Characteristics of the Population: Hawaii,* table 207. Census data on poverty by age is not available for persons 60 years and older but is available for persons 65 years and older.

[67] *Japanese, Chinese, and Filipinos in the United States,* tables 12, 14, 27, 29, and 44. Recent poverty statistics compiled by the Hawaii Office of Economic Opportunity for the State of Hawaii report that senior citizens make up 16.2 percent of the poverty population. However, in the report the term "senior citizens" included all persons age 55 and older. Data in that report show that for 1979 the largest ethnic groups among poor senior citizens are Japanese (27.1 percent) and Filipinos (29.2 prcent). The figure for Filipinos is nearly twice the percentage of all elderly persons in poverty and reflects the economic disparity that Filipinos face relative to other elderly in the State. According to these statistics, senior citizens of Hawaiian origin account for nearly 10 percent of the State's poverty population. *Profile on Poverty–State of Hawaii,* p. 77.

[68] Poverty statistics by race and ethnicity for the city of Honolulu are unavailable for all the racial and ethnic groups covered in this chapter. However, State data are available for those groups where there are no city data. Because

Various Title III service programs are available to older persons in Honolulu. They include projects that facilitate seniors' access to programs; provide in-home care; furnish legal services, advice, and consultation; and supply nutritional services. The Honolulu Area Agency on Aging is responsible for determining whether the service delivery and participation in these programs adequately address the needs of the elderly community in Honolulu. Since the population of Honolulu is characterized by racial and ethnic diversity, the HAAA must also determine whether the programs meet the needs fostered by that diversity. The following sections describe some of the service programs and their effect on Honolulu's minority elderly.

Access Services

Three federally funded access services are available to the elderly in Honolulu: information and referral, transportation, and escort services.

Information and Referral: In 1980 information and referral (I&R) services provided by the Honolulu Area Agency on Aging had two sources of funding, Title III and the city and county of Honolulu.[69] The program provides information and referral as well as outreach services through I&R aides, walk-in I&R sites, and telephone services. The program informs seniors of available services, assesses needs, and links those in need of services to appropriate resources.[70] According to HAAA estimates for fiscal year 1979–80, over 20,000 persons were served by the I&R program. The Honolulu Area Agency had no statistics, however, on the racial and ethnic composition of the individuals receiving the services.[71]

Information and referral services are provided by a 17-person staff. Although

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nearly 90 percent of the population of Hawaii resides in Honolulu, poverty figures for the State by race and ethnicity can serve as a proxy for those groups where there are no specific city data. For example, in 1970, 19.9 percent of all persons in Hawaii in poverty were 65 years and over, whereas 23.9 percent of all persons of Spanish language in poverty were 65 and older. Statistics for Spanish language persons, however, are not as clearly defined as those for other racial and ethnic subgroups. In 1970 the census provided a separate poverty table for persons of Spanish language (Hispanics) in poverty. However, these same persons (Hispanics) are also included in the other tables on poverty status by race; in these tables they are not specifically identified as persons of Spanish language but are included under the racial category to which they belong, such as white or black (Negro). Therefore, persons of Spanish language are double counted. For purposes of discerning the proportion of Spanish-language persons who are counted as white or black, the census estimates that over 93.3 percent of Hispanics are counted as white, while 5.0 percent are Negro, 0.3 percent are American Indians, and 1.3 percent are other. U.S., Bureau of the Census, *Census of Population: 1970, Subject Reports, Final Report* PC(2)–1C, *Persons of Spanish Origin* (1973), p. IX. There are no statistics available for the number of blacks in Hawaii in poverty who are age 65 and older. *Characteristics of the Population, Hawaii,* table 207.

[69] In FY 1980, I&R services received $109,738 in Federal monies and $128,637 from the city and county of Honolulu. Information and referral services were provided directly by the HAAA as a result of a waiver the agency received from the State unit on aging. HAAA also administered State-funded information and referral services provided by the Hawaii State Senior Center, the Kapahulu Senior Center, and the Moiliili Community Center.

[70] HAAA Interview.

[71] Ibid. According to HAAA, it does not require documentation of the race and ethnicity of program participants, other than to group participants into minority and nonminority categories.

there are staff members who are able to communicate in languages other than English, according to the director of the program, bilingual skill is not a job requirement for I&R employees.[72] When the issue of how the information and referral service is able to accommodate elderly language minorities was raised, representatives of HAAA reiterated that they have found no evidence that having a predominantly English-speaking staff is a barrier to minority participation in the Title III programs.[73]

According to the regulations of the Older Americans Act, in areas where a "significant number of persons do not speak English as their principal language, the service provider must provide information and referral services in the language spoken by the older persons."[74] Despite the language of the regulation, the I&R director was certain that the workers come in contact with few communication barriers, since "everyone" can speak "pidgin."[75]

The director of the CIS program (the Catholic Social Service Title III program) stated that one of the major difficulties facing those who provide services to the elderly in Honolulu is the linguistic and cultural diversity of the seniors and that "many non-English speakers are not participating in the programs because service providers do not have bilingual workers."[76] For example, she pointed out that although a significant number of Samoan elderly need Title III services, no one on the I&R staff can speak their language.[77] Staff at the Susannah Wesley Community Center (SWCC) also expressed interest in the bilingual capabilities of the Honolulu Area Agency's employees working for the I&R service. Their particular concern was for the newly arrived elderly immigrants—Koreans, Indochinese, and Samoans—who need access services. SWCC representatives believe that it is unlikely that the HAAA staff can provide services to them.[78]

Public awareness is also a facet of the information and referral program.[79] Honolulu Area Agency staff stated, for example, that the I&R service, together with a local bank, prepared a services information directory that was distributed to 50,000 persons; however, the pamphlets were only printed in English. According to the staff of the Hawaii State Department of Labor and Industrial Relations, the Honolulu Area Agency on Aging has made little or no effort to disseminate information about its service programs, particularly in languages other than English.[80]

Information and referral services provided by the Catholic Social Services program, comprehensive individualized services (CIS), are funded primarily through a Federal Title III award.[81]

[72] Ibid.
[73] Ibid.
[74] 45 C.F.R., §1321.161 (1980).
[75] HAAA Interview.
[76] CSS Interview.
[77] Ibid.
[78] Agbayani Interview.
[79] Each service provider also publicizes its own program.
[80] Agsalud Interview. See also 45 C.F.R. §1321.161, (1980). According to the county executive on aging, the agency has begun to develop "bilingual flyers, posters, and informational brochures for mass distribution." Reid Letter.
[81] HAAA Interview. CSS receives $34,997 in Title III funds as well as $11,038 from the State to provide I&R service.

During FY 1980 the CIS program provided information and referral services in seven Asian languages to 2,179 elderly persons.[82] The Catholic Social Services staff stated that they collect information on the race and ethnicity of program participants on a regular basis (see table 8.6).[83] According to the director of the CIS program, maintaining these types of program statistics is one way for Catholic Social Services to assess the effectiveness of their services for the multiethnic elderly population and to determine if any groups are lacking service.[84]

The CIS information and referral program also involves public awareness efforts. For example, this program has the only bilingual radio information and referral service program in Honolulu. Broadcast in Japanese, the program has been significant in increasing the participation of Japanese elderly.[85] Representatives from other organizations have indicated a need for this type of service in other Asian languages.[86]

Transportation: Transportation is another access service funded by Title III.[87]

Funding for this service is limited because the public transportation system in both the urban and rural areas is considered adequate and is free to senior citizens. In general, Title III funds are used to provide transportation for elderly citizens who are functionally disabled or live in areas that are not served by public transportation.[88]

Both the nutrition program and the comprehensive individualized services program provide transportation to meal sites. The CIS program also provides transportation for medical appointments, weekly shopping trips, leisure and recreational excursions, and special outings for handicapped elderly.[89] According to the Honolulu Area Agency on Aging, a total of 1,869 elderly persons received transportation services from the nutrition and CIS programs in FY 1980.[90] Catholic Social Services (CSS) provided a year-end summary by race and ethnicity of the 881 elderly persons who participated in its Title III transportation program (see table 8.6). Minorities accounted for about 96 percent of all those participating. Nearly 44 percent of all older persons receiving transportation services were Japanese. Filipino elderly accounted for almost 23 percent of the participants. By contrast, the CIS statistics show that in relation to their numbers within the population (see tables 8.1 and 8.2), few Hawaiians received transportation services.[91] Hispanic elderly, who comprise 1.4 percent of the

[82] CSS Interview. This figure only accounts for those persons who received information and referral services in the CIS program funded under Title III.
[83] CSS Interview.
[84] Ibid.
[85] Ibid.
[86] Agsalud Interview, Agbayani Interview, McElrath Interview, and Suehiro Interview.
[87] HAAA also administers a State-funded transportation project operated by Areawide Horizons.
[88] HAAA Interview.
[89] CSS Interview.
[90] HAAA Interview.
[91] It is of note that the chairperson of the office of Hawaiian affairs cited transportation as the "major problem of seniors on Oahu who live outside Honolulu," where there are significant numbers of elderly Hawaiians. It was the contention of the chairperson that transportation services available to seniors outside of Honolulu proper, in particular, services to Hawaiian rural seniors, had been reduced for FY 1981. Frenchi DeSota, interview in Honolulu, Mar. 6, 1981 (hereafter cited as DeSota Interview).
According to the coordinator of the comprehensive individualized services program, one factor

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TABLE 8.6

Older Persons Participating in Title III-Funded Services in Honolulu by Race or Ethnicity: 1979–80

Type of service		Total	Race or ethnicity of participants: American Indian[1]	Asian and Pacific Island Americans: Chinese	Filipino	Hawaiian	Japanese	Other Asian[2]	Other Polynesian[3]	Black	Hispanic	White
Access												
Information and referral[4]	#	2,179	0	268	875	117	518	42	82	3	61	213†
	%	(100.0)	(0.0)	(12.3)	(40.2)	(5.4)	(23.8)	(1.9)	(3.8)	(0.1)	(2.8)	(9.8)
Transportation[4]		881	0	73	200	45	386	7	114	1	21	34
		(100.0)	(0.0)	(8.3)	(22.7)	(5.1)	(43.8)	(0.8)	(12.9)	(0.1)	(2.4)	(3.9)
Escort[4]		608	0	68	359	20	52	4	27	1	13	64
		(100.0)	(0.0)	(11.2)	(59.0)	(3.3)	(8.6)	(0.7)	(4.4)	(0.2)	(2.1)	(10.5)
In-home												
Friendly visits[4]		1,411	0	134	579	75	388	19	39	1	41	135
		(100.0)	(0.0)	(9.5)	(41.0)	(5.3)	(27.5)	(1.3)	(2.8)	(0.1)	(2.9)	(9.6)
Chore/ maintenance[4]		133	0	7	25	10	37	0	2	2	6	44
		(100.0)	(0.0)	(5.3)	(18.8)	(7.5)	(27.8)	(0.0)	(1.5)	(1.5)	(4.5)	(33.1)
Legal		298[5]										
Other												
Leisure/recreation		2,500[5]										
Counseling		1,816	0	142	527	117	599	38	77	4	53	259
		(100.0)	(0.0)	(7.8)	(29.0)	(6.4)	(33.1)	(2.1)	(4.2)	(0.2)	(2.9)	(14.3)
Health education[5]												
Nutrition												
Congregate meals		3,346	3	402	935	291	1,180	84	94	9	18	330
		(100.0)	(0.1)	(12.0)	(27.9)	(8.7)	(35.3)	(2.5)	(2.8)	(0.3)	(0.5)	(9.9)
Home-delivered meals		291	2	38	58	22	84	3	17	0	7	60
		(100.0)	(0.7)	(13.1)	(19.9)	(7.6)	(28.9)	(1.0)	(5.8)	(0.0)	(2.4)	(20.6)

† The first table entry can be interpreted as follows: In 1979–80, 213 or 9.8 percent of all older persons who received Title III-funded information and referral services were white.

[1] 1975 data for the city shows that the population of Honolulu does not include any American Indian persons (see tables 8.1 and 8.2). Participation statistics in Title III programs, however, reflect persons who received services during FY 1980 and show that five of the persons participating in the programs were American Indians. It can be assumed, therefore, that a number of American Indians have immigrated to Honolulu since 1975.

[2] Other Asian includes persons from Korea, Vietnam, Laos, and other countries in Indochina.

[3] Other Polynesian includes Samoans and Tongans.

[4] This table only accounts for those persons who received Title III-funded CIS services and does not include persons receiving services that are funded by State monies.

[5] The HAAA does not enforce the requirement that Title III-funded organizations submit the race or ethnicity of program participants, therefore, this data is not available for all Title III-funded organizations.

Note: Numbers may not add to 100 percent due to rounding.

Sources: Lawrence Lee, director, information and referral program, HAAA, interview in Honolulu, Mar. 2, 1981; Suzette Yamasaki, coordinator, nutrition program, Lanakila Rehabilitation Center, Inc., interview in Honolulu, Mar. 5, 1981; Richard Hiramota, director, nutrition program, Honolulu Department of Education, interview in Honolulu, Mar. 2, 1981; Dorothy Hoe, coordinator, comprehensive individualized services, Catholic Social Services, interview in Honolulu, Mar. 4, 1981; Lane Takahashi, senior citizens attorney, Legal Aid Services of Hawaii, interview in Honolulu, Mar. 3, 1981; Bob Masuda, director, Honolulu Department of Parks and Recreation, interview in Honolulu, Mar. 4, 1981; Joseph Leong, coordinator, Areawide Horizons, interview in Honolulu, Mar. 3, 1981; Lily Yamashiro, former director, health screening for senior citizens, St. Francis Hospital, interview in Honolulu, Mar. 7, 1981; Sue Anderson, director, health screening for senior citizens, St. Francis Hospital, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 15, 1981.

elderly population, received 2.4 percent of the services.[92]

Escort: Another access service is escort, which provides both transportation and companionship to elderly persons. According to the Honolulu Area Agency, an escort is provided to those senior persons who are either functionally disabled or have difficulty communicating in English.[93] Catholic Social Services is funded for this service, and during FY 1980, 608 persons received escort service. Over half of those persons participating in the program were Filipino, yet this group constitutes 15.5 percent of the population 60 years and older. On the other hand, Hawaiians are 8.0 percent of the elderly population, but they received 3.3 percent of the escort services.[94]

In-Home Services

The majority of in-home services funded by Title III is provided by Catholic Social Services.

Chore Maintenance: Chore maintenance is part of the comprehensive individualized services (CIS) program and provides for meal preparation and general housekeeping chores.[95] The CIS director stated that 133 elderly individuals received home aide and chore assistance during fiscal year 1980. Statistics on the ethnic composition of the participants in this program indicate that more than one-third of them were white (see table 8.6). More whites than any single minority group were served. Among minorities, Japanese and Filipinos participated in the greatest numbers. Black and Hispanic elderly also benefited from the program.

Friendly Visits: Catholic Social Services is also funded to provide friendly visits to older persons who are socially or geographically isolated. The intention of the program is to help older individuals be more independent and avoid institutionalization.[96] In FY 1980 the CIS program provided 1,411 persons with this service. Forty percent of the elderly participants were Filipinos, although

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contributing to the low serving of Hawaiians is that many Hawaiian elderly do not live in the metropolitan areas of Honolulu where the CIS program services are targeted. In addition, the coordinator stated that the generally low incidence of Hawaiian elderly is also due to cultural and economic factors that affect their participation in Title III programs. Dorothy Hoe, coordinator, comprehensive individualized services, Catholic Social Services, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 29, 1981.

[92] This comparison is based upon 1980 participation data and 1975 population estimates. Since 1980 statistics for the elderly population are not available, for purposes of planning and evaluation HAAA is constrained to use 1975 estimates of the population 60 years and older.

[93] HAAA Interview.

[94] The HAAA also administers additional escort services that are funded by the State. In fiscal year 1981 the State of Hawaii allotted $28,178 for escort services. Areawide Horizons Hawaii State Senior Center, Kapuhula Senior Center, and Moiliili Community Center received State funds to provide escort service.

[95] CSS Interview. In general, the highest incidence of white participation is in the in-home services and home-delivered meals programs.

[96] The State of Hawaii also funds programs that provide this service. Areawide Horizons, Hawaii State Senior Center, Kapuhula Senior Center, and Moiliili Community Center received a total of $36,009 in State funds for FY 1981 to provide friendly visits. In particular, the Areawide Horizons program receives State funds to provide friendly visits to the rural population residing in the North Shore area of the island, the largest proportion of whom are elderly Filipinos. In addition, telephone reassurance is another in-home service program that is administered by HAAA but funded by the State. Areawide Horizons, Hawaii State Senior Center, Kapahula Senior Center, and Moiliili Community Center provide this service.

they account for 15.5 percent of those persons 60 years and older. The number of Japanese, Chinese, and Hawaiian Americans served in the program did not reflect their numbers in the elderly population (see table 8.6).[97] Hispanic elderly, who account for 1.4 percent of the elderly population, received 2.9 percent of the services. Publicity about the Title III in-home services program is conducted primarily through outreach efforts by the staffs of the service providers. Individuals also learn about the program by word of mouth or through public service announcements provided by the Title III-funded organizations. The CIS program has also issued a brochure explaining program services in English, Japanese, Chinese, and Filipino.[98]

Legal Services

The Legal Aid Society of Hawaii provides legal counseling to the elderly. The senior citizens attorney handles approximately 25 to 30 cases per month, and according to the Honolulu Area Agency on Aging, 298 individuals were served in the program during FY 1980.[99] The specific race or ethnicity of clients was not recorded.[100] In addition, although the staff attorney for the program stated that the largest proportion of persons served in the program were minorities, he was unable to identify the proportion of elderly served who belong to the specific Asian ethnic subgroups or who were in the greatest economic and social need.[101]

Elderly participants become aware of the service by word of mouth or through community outreach. Although the information and referral service is responsible for informing older persons of the opportunities and services available to them in Honolulu, the Legal Aid Society provides direct information about its own program. Efforts to publicize the program include public service announcements in English and Japanese and visits by the senior citizens attorney to senior clubs, nutrition sites, and community centers. The service provider also prepares brochures about the program in English, Filipino, Chinese, and Japanese.[102] In addition, the program attorney stated that several of the Legal Aid Society staff speak a language other than English and are available to assist in the Title-III program whenever possible, since there is only one full-time staff person assigned to that program.

Other Social Services

Recreation and Leisure Service: The Honolulu department of parks and recreation (DPR) receives Title III funds to provide recreation, leisure,[103] and educational activities to elderly participants in the nutrition program.[104] According to the DPR senior programs' coordinator, the activities provided at each meal site

[97] CSS Interview.
[98] Ibid.
[99] Takahashi Interview.
[100] Ibid.
[101] Ibid.
[102] Ibid.
[103] Areawide Horizons, Hawaii State Senior Center, Kapahulu Senior Center, and Moiliili Community Center are funded by the State to provide leisure and recreation activities. The total amount funded by the State in FY 1981 for this purpose was $72,280. None of these centers has a Title III-funded meals program. The Areawide Horizons program has a meals program funded by the State.
[104] DPR Interview. The Title III agreement provides funds for bus excursions, supplies, and instructors.

are usually determined by the participants, with each site having at least one class per week conducted by a DPR instructor and given only in English.[105] The department of parks and recreation director stated that the Areawide Horizons program is the only DPR program with a bilingual staff.[106] According to the Honolulu Area Agency on Aging, DPR provided more than 224 classes and served over 2,500 elderly persons in FY 80.[107]

Counseling Services: Title III-funded counseling services for elderly persons[108] are another component of the comprehensive individualized services program administered by Catholic Social Services. The program offers professional counseling to elderly persons experiencing adjustment problems and/or isolation as well as consumer counseling.[109] According to the CIS director, 1,816 elderly individuals received counseling services during FY 1980 (see table 8.6). More than 62 percent were Japanese or Filipino elderly, although together these two groups represent about 50 percent of the elderly population. Service participation rates indicate that program efforts to reach these two ethnic groups have been very successful. In comparison, Hawaiians, who account for 8.0 percent of the elderly population, represented 6.4 percent of the senior citizens participating in the counseling program. Although outreach efforts have been made to the Hawaiian elderly, response rates indicate that Hawaiians remain underrepresented in the program.[110]

Health Services: The St. Francis health screening for senior citizens (HSSC) project provides both health education and screening. The only health-related service funded through Title III is health education. Additional funds from the State are used to expand the health education program and to provide health screening services.[111] In FY 1980 the health education component of the project reported that the program served largely Japanese and Filipino elderly and provided informational sessions on health care to senior citizens in English, Japanese, Tagalog, and Ilocano.[112] The

[105] Ibid. According to the DPR acting director, although the department's programs and services are conducted in English, it does not hinder the recruitment of non-English-speaking seniors into the programs. Sam Carl, acting director, Department of Parks and Recreation, City and County of Honolulu, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 29, 1981.

[106] Ibid.

[107] HAAA Interview.

[108] Areawide Horizons is funded by the State for counseling services.

[109] CSS Interview.

[110] According to the chairperson, office of Hawaiian affairs, and representatives of Alu Like, large numbers of elderly Hawaiians reside in the rural areas of Oahu and are isolated. DeSota Interview and Rubin Interview. Statistics show that 61.1 percent of the Hawaiian population on Oahu lives outside the city of Honolulu. "OEO 1975 Census Update Survey OAHU," pp. 44–45. See section on transportation services below.

[111] The health screening component of the program is conducted monthly at different locations, for a total of 11 screenings per year. Selection of these locations is usually based on the needs of the elderly community, with over half of the sites located in low-income areas that are known to have a high incidence of chronic diseases. For example, since the Kalihi-Palama-Chinatown area has one of the highest concentrations of socially and economically disadvantaged elderly in the city, the HSSC program provides screenings at two locations in that area.

[112] Yamashiro Interview. Tagalog and Ilocano are the most widely spoken Filipino dialects in Hawaii.

individual program services were based upon the particular interests and concerns of the senior citizens' groups, which reserved dates and topics with the HSSC staff. During FY 1980 the HSSC screening project served 1,285 individuals at 11 sites.[113] Although the HSSC screening program made a special attempt to reach Filipino and Hawaiian elderly, particularly those who reside in the Kalihi-Palama-Chinatown area, the program had limited success in attracting the Hawaiian elderly into the program. The director of the health program pointed out that one of the objectives of the Title III health education project was to increase awareness of the importance of early detection and treatment of health problems, especially among elderly minority groups that suffer from chronic disease.[114] For example, the director stated that Hawaiians, in particular, have a shorter life span than other minority groups.[115] Participation statistics in the screening component of the program indicated, however, that few Hawaiians were served. Data showed that Hawaiian elderly accounted for 4.4 percent of the participants in the health screening program.

Nutrition Services

Title III nutrition services in Honolulu (including congregate dining and home-delivered meals) are provided by Lanakila Rehabilitation Center.[116] According to the nutrition program director, Lanakila currently operates 29 Title III-funded congregate meal sites located in Honolulu Department of Parks and Recreation facilities, city of Honolulu housing, community centers, and churches.

During FY 1980 a total of 3,637[117] elderly persons were enrolled in the Title III meals program (see table 8.6). The largest number of participants were Japanese elderly, who accounted for 35.3 percent of those in the congregate program and 28.9 percent of those receiving home-delivered meals. Nine of the 29 nutrition sites reported having a majority of elderly Japanese participants (see table 8.7). The second largest number of participants in the nutrition program were Filipino elderly. This group composed 27.9 percent of the congregate program participants and 19.9 percent of those seniors receiving home-delivered meals, while Filipinos represented 15.5 percent of the elderly population.[118] Chinese elderly constituted 12.0 percent of the congregate meals program, 13.1 percent of the home-delivered meals program, and accounted for 11.2 percent of the population over 60. Similarly, Hawaiians represented 8.0 percent of the elderly population, 8.7 percent of the persons participating in the congregate program, and 7.6 percent of those served in the home-delivered program. Two of the 29 nutrition sites reported having a

[113] Yamashiro Interview. These statistics reflect those persons served in the health screening project. "No ethnic data was obtained for the health education participants for 1979–80." Sue Anderson, director, health screening for senior citizens, St. Francis Hospital, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 15, 1981.

[114] Ibid.

[115] Ibid.

[116] HAAA Interview.

[117] This figure includes 3,346 meals served in the congregate dining program and 291 home-delivered meals.

[118] According to the poverty statistics for elderly persons in Honolulu, Filipino elderly are almost twice as likely to be in poverty as any other group within the population.

majority of Hawaiian elderly participants. Whites—who represented 26.2 percent of the elderly population—received 20.6 percent of the home-delivered meals and accounted for the second largest group benefiting from the service.[119] Black and Hispanic elderly received less than 1 percent of the congregate meals services, although 2.4 percent of those who received home-delivered meals were Hispanic elderly.

All sites provide lunch, all meals are catered, and menu selection is determined by each caterer. The department of education is the only caterer that does not provide culturally representative menus[120] and, as a result, Title III-funded organizations have reported that many elderly participants who are served by the department of education are displeased with the meals.[121] Representatives of a number of organizations in Honolulu that also provide services to senior citizens have indicated strongly that older persons do not generally care for the meals prepared by the department of education for school luncheons and served in the Title III nutrition program.[122] For example, staff from the Susannah Wesley Community Center (SWCC) noted an instance in which seniors at one meal site had been served pizza and put soy sauce on it to make it palatable.[123]

Little publicity material about the nutrition program was available in English or in any other language, nor was the program widely advertised by other means.[124]

Service Planning, Program Evaluation, and Monitoring

According to the Honolulu Area Agency on Aging, each Title III-funded organization is required to submit a monthly report that includes budget and participation statistics.[125] Several Title III-funded organizations, however, ex-

[119] Few whites participate in the congregate dining program.

[120] According to the regulations of the Older Americans Act, "the nutrition services provider must provide special menus, where feasible and appropriate, to meet the particular dietary needs arising from the health requirements, religious requirements, or ethnic backgrounds of eligible individuals." 45 C.F.R. §1321.147(e) (1980).

[121] DOE Interview, CSS Interview, Agbayani Interview, Rubin Interview, and Lanakila Interview.

[122] Agbayani Interview, Rubin Interview, DeSota Interview, and Anthony Lenzer, director, Graduate Program in Gerontology, School of Public Health, University of Hawaii at Manoa, interview in Honolulu, Mar. 4, 1981.

[123] Agbayani Interview. The SWCC operations manager stated that seniors have complained to her staff that some of the food served by DOE makes them physically ill and that they either throw the food away or refrain from participating in the program. Several SWCC staff suggested that large numbers of Asian elderly would only participate in a nutrition program if it was designed especially to meet their particular tastes. According to these same staff persons, HAAA staff has been made aware of the problems associated with the DOE meal service, but the menu selection has remained unchanged.
According to the Lanakila nutrition coordinator, she has no authority to require DOE to change its meal service; any such direction has to come from HAAA. Lanakila Interview.
In addition, both the operations manager for the Susannah Wesley Community Center and her staff have approached HAAA concerning the elderly participants' problems with the DOE meal program, but reportedly found the HAAA staff essentially insensitive to the complaints. Agbayani Interview.
According to the county executive on aging, since her appointment to the HAAA, improving the lunches served in the nutrition program has become one of the agency's "highest priorities" and that HAAA is "examining possible solutions or alternatives to this situation." Reid Letter.

[124] Ibid. and HAAA Interview.

[125] HAAA Interview.

TABLE 8.7

Participation at Title III-Funded Nutrition Sites in Honolulu by Race or Ethnicity: 1980

Nutrition sites		Total	Race or ethnicity of participants: American Indian	Asian and Pacific Island Americans: Chinese	Filipino	Hawaiian	Japanese	Other Asian[1]	Other Polynesian[2]	Black	Hispanic	White
Aala Park	#	178	0	31	98	6	21	16	0	0	0	6†
	%	(100.0)	(0.0)	(17.4)	(55.1)	(3.4)	(11.8)	(9.0)	(0.0)	(0.0)	(0.0)	(3.4)
Blessed Sacrament		65	0	14	25	7	11	2	0	0	1	5
		(100.0)	(0.0)	(21.5)	(38.5)	(10.8)	(16.9)	(3.1)	(0.0)	(0.0)	(1.5)	(7.7)
Banyan Mall		127	0	41	22	12	28	0	0	0	0	24
		(100.0)	(0.0)	(32.3)	(17.3)	(9.4)	(22.0)	(0.0)	(0.0)	(0.0)	(0.0)	(18.9)
Chinatown		74	0	15	44	10	3	0	0	0	0	2
		(100.0)	(0.0)	(20.3)	(59.5)	(13.5)	(4.0)	(0.0)	(0.0)	(0.0)	(0.0)	(2.7)
Ewa Community Church		141	0	3	65	2	65	0	0	0	0	6
		(100.0)	(0.0)	(2.1)	(46.1)	(1.4)	(46.1)	(0.0)	(0.0)	(0.0)	(0.0)	(4.3)
Hauula Civic Center		89	0	5	0	46	6	1	20	0	0	11
		(100.0)	(0.0)	(5.6)	(0.0)	(51.7)	(6.7)	(1.1)	(22.5)	(0.0)	(0.0)	(12.4)
Ka Makua Mau Loa		163	1	16	71	21	39	1	3	0	0	11
		(100.0)	(0.6)	(9.8)	(43.6)	(12.9)	(23.9)	(0.6)	(1.8)	(0.0)	(0.0)	(6.7)
Kahaluu Canteen		52	0	5	21	1	21	0	1	0	0	3
		(100.0)	(0.0)	(9.6)	(40.4)	(1.9)	(40.4)	(0.0)	(1.9)	(0.0)	(0.0)	(5.8)
Kahuku Senior Center		106	0	0	34	5	52	0	4	0	1	10
		(100.0)	(0.0)	(0.0)	(32.1)	(4.7)	(49.1)	(0.0)	(3.8)	(0.0)	(0.9)	(9.4)
Kalakaua Recreation Center		66	0	4	34	2	19	1	2	0	3	1
		(100.0)	(0.0)	(6.1)	(51.5)	(3.0)	(28.8)	(1.5)	(3.0)	(0.0)	(4.5)	(1.5)
Kalanihuia Senior Housing		251	0	89	25	6	101	5	0	0	1	24
		(100.0)	(0.0)	(35.5)	(10.0)	(2.4)	(40.2)	(2.0)	(0.0)	(0.0)	(0.4)	(9.6)
Kalihi-Uka Recreation Center		125	0	3	26	15	50	1	20	0	0	10
		(100.0)	(0.0)	(2.4)	(20.8)	(12.0)	(40.0)	(0.8)	(16.0)	(0.0)	(0.0)	(8.0)
Kaneohe Playground		127	2	23	6	16	57	2	1	0	6	14
		(100.0)	(1.6)	(18.1)	(4.7)	(12.6)	(44.9)	(1.6)	(0.8)	(0.0)	(4.7)	(11.0)
Kuhio Park Terrace		90	0	4	5	2	7	26	39	0	0	7
		(100.0)	(0.0)	(4.4)	(5.6)	(2.2)	(7.8)	(28.9)	(43.3)	(0.0)	(0.0)	(7.8)
Lanakila Rehab. Center		26	0	4	3	6	9	0	0	0	0	4
		(100.0)	(0.0)	(15.4)	(11.5)	(23.1)	(34.6)	(0.0)	(0.0)	(0.0)	(0.0)	(15.4)
Moiliili Community Center		125	0	17	5	6	85	0	0	1	0	11
		(100.0)	(0.0)	(13.6)	(4.0)	(4.8)	(68.0)	(0.0)	(0.0)	(0.8)	(0.0)	(8.8)
Nanakuli Recreation Center		46	0	0	8	33	1	0	3	0	0	1
		(100.0)	(0.0)	(0.0)	(17.4)	(71.7)	(2.2)	(0.0)	(6.5)	(0.0)	(0.0)	(2.2)
Palama Settlement		103	0	47	39	7	6	2	0	0	1	1
		(100.0)	(0.0)	(45.6)	(37.9)	(6.8)	(5.8)	(1.9)	(0.0)	(0.0)	(1.0)	(1.0)

TABLE 8.7 (CONTINUED)
Participation at Title III-Funded Nutrition Sites in Honolulu by Race or Ethnicity: 1980

Nutrition sites		Total	American Indian	Chinese	Filipino	Hawaiian	Japanese	Other Asian[1]	Other Polynesian[2]	Black	Hispanic	White
		Race or ethnicity of participants Asian and Pacific Island Americans										
Palolo Recrea-	#	127	0	17	7	2	78	3	0	0	5	15
tion Center	%	(100.0)	(0.0)	(13.4)	(5.5)	(1.6)	(61.4)	(2.4)	(0.0)	(0.0)	(3.9)	(11.8)
Paokalani		101	1	14	1	6	54	4	0	0	0	21
		(100.0)	(1.0)	(13.9)	(1.0)	(5.9)	(53.5)	(3.9)	(0.0)	(0.0)	(0.0)	(20.8)
Pearl City		159	0	17	17	4	93	3	0	0	0	25
		(100.0)	(0.0)	(10.7)	(10.7)	(2.5)	(58.5)	(1.9)	(0.0)	(0.0)	(0.0)	(15.7)
Pumehana		150	0	14	11	4	97	8	0	0	0	16
		(100.0)	(0.0)	(9.3)	(7.3)	(2.7)	(64.7)	(5.3)	(0.0)	(0.0)	(0.0)	(10.7)
St. George		72	0	4	33	22	6	2	0	0	5	0
Church		(100.0)	(0.0)	(5.6)	(45.8)	(30.6)	(8.3)	(2.8)	(0.0)	(0.0)	(6.9)	(0.0)
Susannah Wesley		89	1	3	38	9	36	0	0	0	0	2
Church		(100.0)	(1.1)	(3.4)	(42.7)	(10.1)	(40.4)	(0.0)	(0.0)	(0.0)	(0.0)	(2.2)
Wahiawa Hongwanji		166	0	1	61	3	89	5	0	2	4	1
Mission		(100.0)	(0.0)	(0.6)	(36.7)	(1.8)	(53.6)	(3.0)	(0.0)	(1.2)	(2.4)	(0.6)
Waialua Community		275	0	15	123	7	106	0	0	0	5	19
Center		(100.0)	(0.0)	(5.5)	(44.7)	(2.5)	(38.6)	(0.0)	(0.0)	(0.0)	(1.8)	(6.9)
Waianae United		137	1	7	41	37	8	1	14	5	0	23
Methodist Church		(100.0)	(0.7)	(5.1)	(29.9)	(27.0)	(5.8)	(0.7)	(10.2)	(3.6)	(0.0)	(16.8)
Waikiki V.F.W.		157	0	22	8	8	12	1	0	1	2	103
		(100.0)	(0.0)	(14.0)	(5.1)	(5.1)	(7.6)	(0.6)	(0.0)	(0.6)	(1.3)	(65.6)
Waipahu Recrea-		244	5	109	8	104	0	0	4	0	0	14
tion Center		(100.0)	(2.0)	(44.7)	(3.3)	(42.6)	(0.0)	(0.0)	(1.6)	(0.0)	(0.0)	(5.7)

† This can be interpreted as follows: In 1980, 6 or 3.4 percent of the older persons participating at the Aala Park nutrition site were white.

[1] Other Asian includes persons from Korea, Vietnam, Laos, and Indochina.

[2] Other Polynesian includes Samoans and Tongans.

Note: Numbers may not add to 100 percent due to rounding.

Source: Suzette Yamasaki, director, nutrition program, Lanakila Rehabilitation Center, Inc., interview in Honolulu, Mar. 5, 1981.

pressed the opinion that HAAA's monitoring of their organizations' program services was ineffective.[126] In particular, the HAAA did not closely monitor whether Title III-funded organizations were submitting information on the race or ethnicity of program participants. Consequently, the reports failed to provide detail for assessing minority participation in the Title III programs.[127] Several Title III-funded organizations also said that there is a general lack of Title III program evaluation by the agency. They pointed out that the Honolulu Area Agency had no available statistics on the number of persons participating in the Title III programs who are non-English-speaking even though it is generally accepted that the number is significant.[128]

Information obtained from HAAA indicates that the agency emphasizes fiscal monitoring.[129] The Title III awards manager is responsible for conducting onsite reviews of Title III-funded organizations' service facilities along with analysis and review of each Title III-funded organization's adherence to its proposal.[130]

According to the nutrition coordinator, although the HAAA requires monthly and quarterly program reports, the agency is unresponsive to the complaints enumerated in the narrative section of those reports.[131] These complaints are often a compilation of remarks made by seniors participating in the programs. In addition, most Title III-funded organizations said that the agency's reactions to these reports are neither substantive nor timely.

According to the Older Americans Act, the general public, and any other interested party, must be given an opportunity to become involved in all proposals and plans affecting the elderly.[132] The Honolulu Area Agency conducts public hearings on its plans and proposals at least once a year,[133] but they are all conducted in English.[134] In addition, representatives of several senior advocacy groups were concerned about minority participation in the HAAA hearing process. The chairperson for the office of Hawaiian affairs stated that people in certain sections on Oahu have not yet had an opportunity to participate in the HAAA hearing process, in particular, Hawaiians who live in the rural areas.[135]

According to representatives from Alu Like, despite the organization's reputation for service to the native Hawaiian population and its work with Hawaiian elderly, Alu Liku was neither involved in the development of nor asked to com-

[126] CSS Interview, Lanakila Interview, Takahashi Interview, Yamashiro Interview, DPR Interview, and Leong Interview.

[127] According to the county executive, although "there has not been close monitoring of this reporting" and "some agencies have not complied with the requirement," the HAAA will be monitoring the content of Title III-funded organizations' reports more closely in the future. Reid Letter.

[128] CSS Interview, Lanakila Interview, and Yamashiro Interview.

[129] HAAA Interview.

[130] Ibid.

[131] Lanakila Interview.

[132] 45 C.F.R. §1321.29 (1980).

[133] HAAA Interview.

[134] According to Sue Reid, county executive, there have been changes in the way the public hearings are conducted. The public hearings are now being "interpreted in three to six different languages depending on the linguistic abilities of the audience." Reid Letter.

[135] DeSota Interview.

ment on the most recent HAAA area plan.[138]

Summary

According to 1975 data, Asian and Pacific Island Americans represent nearly 73 percent of the residents of Honolulu. Japanese and Hawaiians are the two largest Asian groups. More than 72,000 persons in Honolulu were 60 years of age or older, and almost 73 percent of them were Asian and Pacific Island Americans. Statistics also showed that the elderly population of Honolulu was less well-off economically than the general population and that Filipino elderly, in particular, were more likely to be in poverty. Although Asian and Pacific Island elderly experience the same age-related problems as other older persons, their problems were complicated by cultural and linguistic factors. The special interests and needs of Honolulu's elderly, especially those most socially and economically disadvantaged, were to be addressed by the federally funded Honolulu Area Agency on Aging.

The Honolulu Area Agency on Aging operates with an advisory council—the Honolulu Committee on Aging—which has 18 members. Japanese accounted for 39 percent of the committee's membership. Chinese held 22 percent of the committee positions while Hawaiians represented 11 percent of the committee's membership. The racial and ethnic composition of the Honolulu Area Agency on Aging staff was similar to that of the committee on aging. Four of the six professional staff positions were filled by Japanese, while two positions were held by Chinese. Hawaiians were represented in clerical and paraprofessional positions; Filipino representation was limited to aide positions.

The Honolulu Area Agency on Aging placed little emphasis on language qualifications for staff although a significant proportion of the elderly population served by the agency was non-English-speaking. As a result, many community representatives voiced concern that the HAAA did not effectively serve certain elderly ethnic groups because of language communication difficulties. According to representatives of the Susannah Wesley Community Center, the agency was especially unable to serve new immigrant groups such as Koreans, Samoans, and Indochinese.

Since there was a very low turnover rate at the Honolulu Area Agency on Aging, there were few new hires and few promotions. In addition, although the Honolulu Area Agency on Aging is part of the Honolulu Office of Human Resources, which has an affirmative action plan, there was no separate affirmative action plan in effect for the area agency.

In fiscal year 1980–81, six Title III awards were made by the Honolulu Area Agency on Aging. None of the six Title III-funded organizations was minority. Three of the agencies were nonprofit public service agencies administered by boards of directors, each with a majority-white membership. Only the Title III–C (nutrition) funded organization awarded funds to other organizations for direct service provision. Two of the five meal providers with nutrition subawards were minority organizations. Staff employed by the Title III-funded organizations were composed predominantly of Asian and Pacific Island Americans. Persons of

[138] Rubin Interview.

Japanese and Chinese backgrounds, however, were more likely to be employed by the Title III-funded organizations in administrative-level positions than Hawaiians or Filipinos. In contrast, Filipinos and Hawaiians were more likely to be represented in service worker positions than any of the other groups.

Although the Honolulu Area Agency did not stress the need to hire bilingual staff and believed that there were few communication difficulties with minority older persons, since everyone spoke "pidgin," all except one of the Title III-funded organizations did take bilingual capabilities into consideration when hiring. One Title III-funded organization included bilingualism as an overall job requirement. Title III-funded organizations also stated that the Honolulu Area Agency on Aging did not impress upon them the need to take into consideration the diverse cultural backgrounds of the elderly people they served.

The Honolulu Area Agency on Aging required Title III-funded organizations to submit monthly reports as well as affirmative action plans. Most Title III-funded organizations indicated, further, that the area agency did not enforce the requirement that Title III-funded organizations submit the race or ethnicity of program participants. The recently appointed county executive on aging stated, however, that the HAAA will be monitoring this requirement more closely in the future.

The available statistics on program participants showed that, in general, Hawaiian elderly were underserved when compared with their representation within the elderly population. In particular, the chairperson for the office of Hawaiian affairs voiced concern about the low number of Hawaiians taking part in the nutrition program. Representatives from Alu Like and other Hawaiian interest groups also pointed to the limited number of Hawaiian elderly participating not only in the nutrition program, but also in all the Title III services.

Title III-funded organizations, as well as representatives of other organizations that serve elderly persons, emphasized the absence of culturally responsive services, particularly in the nutrition program. Nearly 90 percent of the participants in the program were Asian and Pacific Island Americans whose meal preferences and problems with the current meal service delivery had been documented. Although four of the five meal service providers took into consideration the ethnic diversity of the participants in the nutrition program when preparing menus, one provider did not. That provider prepared more than 87 percent of all meals served in the program, however. Although the Honolulu Area Agency on Aging was aware of this problem, the agency had made no plans to recommend that the Title III-funded organization change menu selections.

Title III service programs generally did not use outreach efforts that could increase participation of the elderly. The lack of information about program services, particularly in languages other than English, hindered the recruitment of non-English-speaking seniors for programs.

Chapter 9

Summary

Results of the Commission's six city investigations indicated that in most communities some minorities were included among Older Americans Act program participants as area agency on aging employees. Rarely, however, was minority involvement reflective of their representation in the population. Blacks, while employed by most area agencies on aging, were generally underrepresented in policy and supervisory positions. In most cities, where employed, Hispanics were found largely in clerical and paraprofessional jobs and quite often worked only part time. American Indians and Asian and Pacific Island Americans generally were absent from the area agency on aging staff. (The exception was Honolulu where Asian and Pacific Island Americans constituted the majority of persons on staff.) Bilingual staff were normally absent from area agencies' employment rosters. In none of the cities was there a requirement for any bilingualism among program staff (and particularly information and referral staff), even where population data would project a need. Almost none of the area agencies on aging had a formal recruitment procedure for increasing minority representation among staff, despite certain minority groups' underrepresentation among program staff.

Almost all of the area agencies on aging had affirmative action plans, although they generally were a part of a larger municipal affirmative action plan. In most cases, despite the fact that previous affirmative action plans contained specific goals for hiring minority staff, these goals had not been reached. Furthermore, in almost no instance where goals were unmet by area agencies on aging had substantive corrective actions been taken by the State units on aging or the Administration on Aging.

In almost none of the cities were minority firms receiving a representative number of Title III awards or amount of Title III funds from the area agencies on aging, in spite of the fact that such firms often were in a position to render unique services and had displayed the ability to provide services effective in achieving Title III objectives. In Cleveland, Bridgeport, Tulsa, and San Francisco there were black organizations receiving relatively small Title III awards. In Bridgeport and San Francisco a few Hispanic firms received small Title

III awards. In Tulsa and San Francisco there were American Indian firms that received Title III funds from the area agency on aging. In San Francisco there were Asian and Pacific Island Americans firms that received funds for service delivery. In virtually all cases minority organizations were not receiving a fair share of the monies available. Nevertheless, there were few formal mechanisms in place to provide technical assistance to minority organizations that would help to increase their representation among Title III-funded organizations in the cities examined. In most cities visited, representatives of minority organizations stated that the failure to provide standardized technical assistance by the area agencies on aging was one reason for the lack of minority representation among Title III-funded organizations. They also voiced concern that the lack of technical assistance actually was a reflection of the area agencies on aging's unwillingness to try actively to serve minorities or increase participation in service programs. Additionally, where subawards were made, Title III-funded organizations were not specifically encouraged by the area agencies on aging to make such awards to minority firms.

Generally, Title III-funded organizations were not required to have affirmative action plans. Further, Title III-funded organizations' employment patterns and practices were normally not actively monitored by the area agencies on aging. Minority employment by Title III-funded organizations generally did not reflect minority representation in the total population. In general, with the exception of minority firms, Title III-funded organizations which employed minorities did not employ them in supervisory or decision-making positions.

The 1978 amendments to the Older Americans Act, unlike earlier legislation, make no specific reference to inclusion of minorities as a priority. Instead, previous references to service delivery priority for minorities have been replaced by references to priority being given to those in "greatest social and economic need." The act itself provides that State and area agencies, in their respective plans, give preference to older persons with the greatest economic or social need. The Administration on Aging, in its regulations for implementing the act, allows State and local officials to use the U.S. Bureau of the Census measure of the poverty level as a proxy for the definition of "greatest economic or social need."

In all of the cities visited minority older persons were in poverty at a much higher rate than nonminority older persons. Because of their relative poverty, the extent to which minority older persons participate indicates the degree to which area agencies' service programs have succeeded in giving priority to persons in greatest economic and social need, without its resulting in discrimination against minorities.

In almost every city minority older persons were being underserved. Black elderly generally were among program participants in almost all of the cities, but usually in very small numbers. Older Hispanics also generally were participating, although in inconsequential numbers. American Indian elderly were virtually absent from service programs in all cities. The only cities with substantial numbers of older Asian American partic-

ipants were Honolulu and San Francisco. While older minorities participated to some extent in all Title III programs, there were some services (e.g., in-home services and legal services) in which they were consistently absent across all six cities.

Also during its investigations, the Commission staff was told by representatives of minority elderly that older minorities in the six geographic locations often felt that Older Americans Act programs were unresponsive to their needs and priorities. Generally, nutrition programs did not provide culturally appropriate meals or meals reflective of diverse cultures represented in the city. This contributed to the relatively low rate of participation by minority older persons, according to many representatives of minority organizations who serve the elderly. In most cities there was limited written material available about area agencies on aging programs in English and even less in other languages. Very little other publicity (e.g., media spots, displays) was available about the program and, again, especially in languages other than English. In most of the six cities, information and referral services generally did not have any bilingual employees.

Despite low participation by minority elderly in most service programs, area agencies on aging were not actively involved in outreach activities designed specifically to include more minority elderly. The Commission found that an area agency's failure to do active outreach in minority communities sometimes resulted in serving those in greatest economic and social need to the exclusion of older minorities who, in most instances, also fell into the greatest social and economic need category. The existence of limited outreach programs, together with programs unresponsive to minority elderly needs, has resulted in low minority participation in almost all cities.

Commission staff found that the area agencies on aging generally were not monitoring and evaluating their programs regarding participation in services by older minorities. Minorities were not usually actively involved in the area agencies on aging planning process. In some of the six cities, members of certain minority groups were not represented on the advisory council. Commission staff noted that an area agency's failure to include minority older persons in the planning and implementation of services may have helped to determine the extent to which all minority older persons, and especially those in greatest economic and social need, were restricted or excluded from full participation in Older Americans Act service programs.

Another major finding common to almost all of the six communities was the absence of efficient data collection on minority participation in service programs. In most of the case analysis sites, area agencies on aging were not collecting information for planning purposes by race or ethnicity, making the determination of minority needs, potential service use, or factors that affect minority participation difficult. Further, the area agencies on aging were not being monitored closely by the State units on aging or the Administration on Aging regarding civil rights compliance.

While findings regarding minority participation in the area agencies on aging

programs were very similar for all cities visited, the Commission also discovered that each city had its own special characteristics. The data collected in the six cities point to policies and practices followed by area agencies on aging and their Title III-funded organizations that adversely affect minority participation in Title III-funded programs. The data from the national survey, to be published as part II of the report, should provide a solid basis for developing national findings and recommendations.

Appendix A
Glossary

The following glossary contains definitions of selected terms as they were used throughout this report.

Affirmative Action Plans

Goals and/or timetables for minority participation.

Goals: Objectives targeting specific racial and ethnic minorities for hiring, promotion, and training opportunities who have been underutilized because of past discrimination. Goals differ from quotas, since they do not require a specific percentage to be reached.

Timetables: Specific time periods during which goals are to be reached to hire, train, and promote racial and ethnic minorities targeted for affirmative action.

Administration on Aging (AoA)

The agency established in the Office of the Secretary, Department of Health and Human Services (DHHS), Office of Human Development Services, which is responsible for administering the provisions of the Older Americans Act.

Area Agency on Aging (AAA)

Agency designated by the State agency in a planning and service area to develop and administer the area plan for a comprehensive and coordinated system of services for older persons.

Area Agency Advisory Council

Council composed of persons interested in the aging network of which at least 50 percent of the membership must be older persons whose purpose and function is to advise the area agency to help the AAA (1) develop and implement the area plan, (2) conduct public hearings, (3) represent the interests of older persons, and (4) review and comment on other State plans, budgets, and policies that affect older persons.

Chore Maintenance Services

Performance of household tasks, essential shopping, household and home repairs, and other light work necessary to enable older individuals to remain in their own homes, when, because of frailty or other conditions, they are unable to

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perform such tasks or obtain the service otherwise.

Clericals

Persons who perform general office work, includes, for example, file clerks, office machine operators, stenographers, and typists.

Commissioner

The Commissioner on Aging of the Administration on Aging, Department of Health and Human Services (DHHS).

Community Focal Point for Service Delivery

A place or mobile unit in a community or neighborhood designated by the area agency to collocate and coordinate service delivery to older persons in order to facilitate ready access to services.

Compliance Review

Method for determining whether required Older Americans Act standards are met. These reviews are conducted by Federal, State, and area agencies.

Comprehensive and Coordinated System

A program of interrelated social and nutrition services for older persons in a planning and service area.

Congregate Meals

Meals provided in a group setting.

Contractor/Grantee

Any organization or agency operating under contract or grant from either a State unit on aging or area agency on aging.

Subcontractor/Subgrantee: An organization or agency having a grant or contract with a prime grantee or contractor or another subcontractor for provision of supplies or services required for the performance of a State unit on aging or area agency on aging contract or grant.

Counseling Services

Activities to provide direct guidance and assistance to older persons in the utilization of needed health and social services and to help older persons cope with personal problems that threaten their health and ability to function in society.

Day Care Services

A comprehensive set of activities provided for frail individuals for a defined portion of a 24-hour day as a supplement for family care in a protective setting for purposes of personal attention, care, and supervision.

Employment Services

Services to assist older persons in retaining, regaining, or securing full or partial employment, or training or education leading to employment. Activities may include assessment, counseling, referral to community resources, provision

of needed supportive services, job development, job placement, and followup.

Evaluation

The formal appraisal and study of the operation and value (effectiveness) of a program.

Federal Fiscal Year

The Federal fiscal year is October 1 to September 30.

Greatest Economic Need

The need resulting from a level of income at or below the poverty threshold that is established by the U.S. Bureau of the Census.

Greatest Social Need

The need caused by noneconomic factors which include physical and mental disabilities, language differences, and cultural or social isolation, including that caused by racial or ethnic status, that restricts an individual's ability to perform normal daily tasks or that threatens his or her capacity to live independently.

Health Maintenance Care

Services to detect or prevent illnesses that occur most frequently in older individuals.

Health Services

Services to assist older individuals in avoiding institutionalization because of health-related problems, including preinstitutional evaluation and screening and home health services.

Home-Delivered Meals

Meals delivered to a person's home.

Home Health Aide Services

Activities that provide basic health services to older persons who can be cared for at home. The home health aide should have specialized training in dealing with the health and health-related problems of older persons.

Homemaker Services

Services provided in older persons' homes, including the performance of, or instruction in, activities such as personal care, home management, household maintenance, and hygiene by trained and supervised homemakers to help maintain, strengthen, and safeguard the older persons' personal functioning in their own homes.

Housing and Home Maintenance and Repair Programs

Services to help older individuals obtain adequate housing, including residential repair and renovation projects designed to enable older individuals to maintain their houses in conformity with minimum housing standards or to adapt homes to meet the needs of older individuals suffering from physical disabilities.

Indian Tribes

Any tribe, band, Nation, or other organized group or community of Indians that is eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

Information and Referral Services

A system of services to link people in need of services to appropriate resources. They are designed to ensure that all older persons within the planning and service area have knowledge of and reasonably convenient access to all services. In areas where a significant number of older persons do not speak English as their principal language, the service provider must provide information and referral services in the language spoken by the older persons.

Legal Services

Assistance in securing the rights, benefits, and entitlements of economically or socially needy older persons through legal advice and representation by an attorney (or legal counseling and representation by a nonattorney where permitted by law).

Meals on Wheels

Home-delivered nutrition services for seniors who cannot attend the congregate meals programs.

Minorities

American Indians and Alaskan Natives, Asian and Pacific Island Americans, blacks, Euro-ethnics, and Hispanics.

American Indian or Alaskan Native: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

Asian or Pacific Island American: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

Black: A person having origins in any of the black racial groups of Africa.

Euro-Ethnic: A person having origins in any of the countries of "southern or eastern Europe."

Hispanic: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Minority Organization

An organization whose board of directors or other similar policymaking body is at least 50 percent minority and whose total staff is composed of at least 50 percent minorities (as defined above).

Minority-Owned Firm

A sole proprietorship owned by a minority; a partnership where more than 50 percent of the interest is owned by

minorities, or a corporation where more than 50 percent of the outstanding stock is owned by minorities.

Monitor

To watch, observe, or check the operations of a program in an informal or formal way.

Multipurpose Senior Center

A community or neighborhood facility for the organization and provision of a broad spectrum of services, including health, social, nutritional, and educational services, and a recreational facility for older persons.

Needs Assessment

Reasonable and objective method for determining the needs of all eligible residents of a geographic area, e.g., survey, telephone interviews, etc.

Nursing Home Ombudsman Service

Services of an ombudsman at the State level to receive, investigate, and act on complaints on behalf of older individuals who are residents of long-term care facilities and to advocate the well-being of such individuals.

Nutrition Services

The area agency may award funds for the provision of meals and other related services (including outreach and nutrition education) to older persons. The area agency must assure that both congregate and home-delivered meals are provided.

Older Americans Act (OAA)

Enacted by Congress in 1965, it has been amended nine times. On October 18, 1978, the President signed the latest amendments. The act is designed to provide assistance through grants to States for programs to help older persons.

Older Persons

Those individuals who are 60 years of age or older.

Outreach

The active effort to identify the unserved older population, to inform these individuals of the community resources and services available to them, to assess their needs, and to assist them in gaining access to needed services. Includes activities involved in publishing and circulating a newsletter which informs older persons of the community resources and services available to them.

Paraprofessionals

A paraprofessional is a trained aide who assists a professional.

Planning and Service Area (PSA)

A geographic area of a State that is designated for planning, development, delivery, and overall administration of services for older persons under an area plan.

Professional

Occupations requiring either college graduation or experience that provides a comparable background. Includes persons who set broad policies, exercise overall responsibility for execution of these policies, and direct individual departments or special phases of a State unit on aging's operations. Includes, for example, program directors, planners, nutritionists, nurses, and social workers.

Protective Services

Protective services are services designed to help those older persons who, because of physical or mental infirmity, may be unable to conduct the normal and necessary activities of their daily lives without such assistance.

Reservation

Any federally or State-recognized Indian tribe's reservation, pueblo, or colony, including former reservations in Oklahoma, Alaskan Native regions established pursuant to the Alaska Native Claims Settlement Act, and Indian allotments.

Seniors Advocates

Persons who, on behalf of older Americans, advocate the initiation or alteration of programs and policies that affect older persons.

Senior Citizen Recreation Programs

Services that enable older individuals to attain and maintain physical recreation and mental well-being through programs of regular physical activity and exercise.

Service Provider

An entity that is awarded a grant or contract from an area agency to provide services under the area plan.

State Advisory Council on Aging

Council that advises and helps the State agency to (1) develop and implement the State plan, (2) conduct public hearings, (3) represent the interests of older persons, and (4) review and comment on other State plans, budgets, and policies that affect older persons.

State Plan

The document submitted by a State to AoA to receive grants from its allotments under the Older Americans Act. It contains provisions required by the act and the implementing regulations, including assurances that the State agency will administer or supervise the administration of activities funded under this act in accordance with all Federal requirements.

State Unit on Aging

The single State agency designated to develop and administer the State plan of the OAA and to be the focal point on aging in the State.

Telephone Reassurance

Services that provide calls at specified times, as often as necessary, to or from

individuals who live alone to determine if they are safe and well.

Title III of the "Older Americans Act Amendments of 1978." Pub. L. No. 95–478, 92 Stat. 1517 (1978)

Provides for formula grants to State agencies on aging under approved State plans for the development of comprehensive and coordinated systems of social services, including multipurpose senior centers and nutrition services.

Each State agency designates planning and service areas in the State and makes a subgrant or contract under an approved area plan to one area; area agencies in turn make subgrants or contracts to service providers.

Title III–B of the "Older Americans Act Amendments of 1978." Pub. L. No. 95–478, 92 Stat. 1517 (1978)

Monies to provide assistance to State and area agencies to support older persons via area planning and provision of social services, including multipurpose senior centers.

Title III–C of the "Older Americans Act Amendments of 1978." Pub. L. No. 95–478, 92 Stat. 1517 (1978)

Monies to provide older Americans with low-cost nutritious meals, appropriate nutrition education, and other nutrition services. Meals may be served in a congregate setting or delivered to the home.

Title III-Funded Organization

Any organization or agency operating under contract or grant from either a State unit on aging or area agency on aging.

Title IV of the "Older Americans Act Amendments of 1978." Pub. L. No. 95–478, 92 Stat. 1517 (1978)

Monies to improve the quality of services and to help meet critical shortages of adequately trained personnel for programs in the field of aging.

Title V of the "Older Americans Act Amendments of 1978." Pub. L. No. 95–478, 92 Stat. 1517 (1978)

Older Americans community service employment program to foster and promote useful part-time opportunities in community service activities for unemployed low-income persons 55 years or older who have poor employment prospects. The Department of Labor administers this title of the act.

Title VI of the "Older Americans Act Amendments of 1978." Pub. L. No. 95–478, 92 Stat. 1517 (1978)

Promotes the delivery of social services, including nutritional services for Indians, that are comparable to services provided under Title III.

Transportation Services

Transportation services to facilitate access to social services or nutrition services, or both, or to provide needed

assistance to elderly persons who have difficulty going places alone.

Vocational Guidance and Counseling Services

Services that provide preretirement and second career counseling for older individuals.

Volunteers

This category may include persons doing clerical duties or using special skills in teaching arts and crafts, e.g., pottery making, knitting, and dancing. It does not include persons functioning solely in the capacity of advisory council members.

Volunteer Services

Activities that provide opportunities for older persons to volunteer in the community. Activities may include recruitment, placement, supervision, training, and recognition of volunteers.

Appendix B
OAA Programs on the Papago Indian Reservation

Although the Papago Indian Reservation of Arizona is outside the corporate limits of Tucson, it contains the majority of the American Indian elderly in the Tucson area. A discussion of the reservation's participation in Federal programs for older persons is presented here because it illustrates the historical relationship between the area agency and the reservatio... The reservation and Tucson are in the same planning and service area (Pima County).

According to a representative of the tribe, the Papago Indian Tribe has received Older Americans Act monies since 1974, although the tribe has never received any Title III funds through Pima Council on Aging.[1] The Papago Tribe first approached the Pima Council on Aging for funding in 1973. According to a Papago Tribe representative, at that time, Title III services were available to the elderly in the county, but no Title III services were provided to the elderly on the reservation. Pima Council on Aging staff said that the area agency could not help the Papago Tribe because it had no money available and that the tribe should solicit funding through the State unit on aging (SUA). The tribe was unsuccessful in obtaining funds from the State unit on aging, which suggested that the tribe should be receiving funds from the area agency. The tribe again asked the area agency for funding, but to no avail. Having been turned down by these agencies, the tribe went to the regional office of the Administration on Aging, which told the Papago Tribe to approach the SUA again for funding. Finally, as a result of the direct intervention of the then Commissioner on Aging, in 1974, the tribe received a 2-year Federal discretionary grant to set up a pilot program.[2] The grant was extended each year until 1977, when the Papago

[1] Alice Norris, director of the Papago Indian Tribe Elderly Program, interview in Tucson, Dec. 3, 1980 (hereafter cited as Norris Interview). According to the director of PCOA, funds had been given to the Papago Tribe: in 1973 an award was negotiated "to provde podiatry service to Papago elderly, this being the highest priority service selected by the Papagos," and in 1977 the Papago Tribe received funds to conduct a needs assessment. Marian Lupu, director, Pima Council on Aging, letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 27, 1981 (hereafter cited as Lupu Letter).

[2] Norris Interview.

Tribe began receiving funds directly from the SUA,[3] which agreed to set aside 16 percent of its Federal funds for American Indian tribes in Arizona.[4] In 1980 the Papago Tribe began receiving funds through the Arizona Inter-Tribal Council in Phoenix, which acts as the area agency for the American Indian tribes in Arizona.[5]

In 1981 the Papago Tribe was to begin receiving additional Federal monies through Title VI, which are Older Americans Act funds set aside for American Indian tribes.[6] These funds were to be used to expand services into areas of the reservation without services.[7] In 1980 there were five nutrition sites on the reservation; the additional funding was to be used for three new sites.

Even with additional funding, the reservation will only be able to provide limited meal service for its elderly. Some sites will serve meals three times a week, while others will serve meals only twice a week,[8] in an area where over 75 percent of the elderly are in poverty.[9] In contrast, the nutrition program administered by PCOA is able to provide meals to Tucson's elderly on a 5-day-a-week basis.[10] The Papago nutrition program serves about 10 percent (200 people) of the eligible population at its nutrition sites each week. In addition to meals, activities are provided at each of the sites for the seniors. Outreach efforts are made through the media to inform seniors about the program and to encourage their participation,[11] and 12 vehicles provide transportation to the nutrition sites.

The Papago Tribe's senior program employs three administrators, seven drivers, two cooks, and six site coordinators, all American Indian.[12]

In summary, while the funding received by the Papago Indians is inadequate to provide services to the elderly members of the tribe, the tribe is attempting to serve as many of its elderly as it can with the limited funds available to it. It is providing services to American Indian elderly who otherwise would have

[3] Ibid. In reviewing the report, Marian Lupu stated that "In January 1977, the Papago Reservation was given a contract to conduct a needs assessment of the elderly on their reservation to facilitate planning for services in preparation for direct state funding." In addition, the director of PCOA stated that "Larry Curley of our agency worked many hours with the Indian tribes of Arizona including the Papago tribe to assist them in the preparation of a proposal requesting funding. He advocated for them in their pursuit of direct State funding." Lupu Letter.

[4] Norris Interview.

[5] Ibid. The Arizona Inter-Tribal Council sponsors the Arizona Indian Council on Aging; however, it is the Arizona Inter-Tribal Council which administers the functions of an area agency on aging for all Arizona Indian Tribes *except* the Navajo Nation, which constitutes an interstate planning and service area extending into Arizona, New Mexico, and Utah. The Arizona State Agency on Aging (Aging and Adult Administration of the Arizona Department of Economic Security) has lead agency responsibility for this tri-State PSA. Juana P. Lyon, program development operations manager, Aging and Adult Administration, Arizona Department of Economic Security, letter to Ronald D. Henderson, Sept. 26, 1981, U.S. Commission on Civil Rights files.

[6] U.S.C. §§3057–3057g (Supp III. 1971).

[7] Norris Interview.

[8] Ibid.

[9] U.S., Department of Commerce, Bureau of the Census, *American Indians,* 1970 Census of Population, no. PC(2)–1F, tables 12 and 14.

[10] In reviewing the report, Marian Lupu, director of Pima Council on Aging, stated that nutrition services had been PCOA's responsibility only since October 1980. Before this, nutrition services had been the responsibility of the State unit on aging. Lupu Letter.

[11] Norris Interview.

[12] Ibid.

been neglected, since PCOA, the area agency that is responsible for serving Pima County, has never provided services to the reservation.[13]

[13] The associate director of PCOA stated that in the beginning the Papago Indian Tribe worked with PCOA, but then, along with the other tribes, it decided to obtain funds directly from the State. The associate director of PCOA indicated that this was a mutually agreeable decision. Betty McEvers, associate director of Pima Council on Aging, telephone interview on June 22, 1981.

In reviewing the report, Alice Norris, director of the Papago Indian Tribe Elderly Program, stated that her involvement with PCOA was only to attend meetings. Letter to John Hope III, Acting Staff Director, U.S. Commission on Civil Rights, Oct. 27, 1981.

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